



Keep the rheumatic man in motion!

DELENAR loosens the rheumatic grip on muscles and joints, starts them functioning again—first by a direct relaxant action on skeletal muscle, again by its specific analgesic effects. And, while immediate symptomatic relief restores motion, underlying inflammation is reduced with the low-dosage corticosteroid.

Now you can restore comfortable motion safely, surely with DELENAR in rheumatoid arthritis/traumatic arthritis/early osteoarthritis/spondylitis/fibrositis/myositis/bursitis/tenosynovitis.

Formula:

Orphenadrine HCl	15 mg.	Proved muscle relaxant to relax spasm
Aluminum Aspirin	375 mg.	Fast analgesic relief of motion-stopping pain
Dexamethasone*	0.15 mg.	Low-dosage anti-inflammatory steroid

For complete details, consult latest Schering literature available from your Schering Representative or Medical Services Department, Schering Corporation, Bloomfield, N. J. Bibliography: 1. Ernst, E. M.: Pennsylvania M.J. 63:708 (May) 1960. 2. Settel, E.: Clin. Med. 7:1835 (Sept.) 1960.

*DERONIL® brand of dexamethasone

H-415

loosens the rheumatic grip on muscles and joints

brand of antirheumatic preparation
Delenar®

DELADUMONE® 2X

Squibb Testosterone Enanthate and Estradiol Valerate

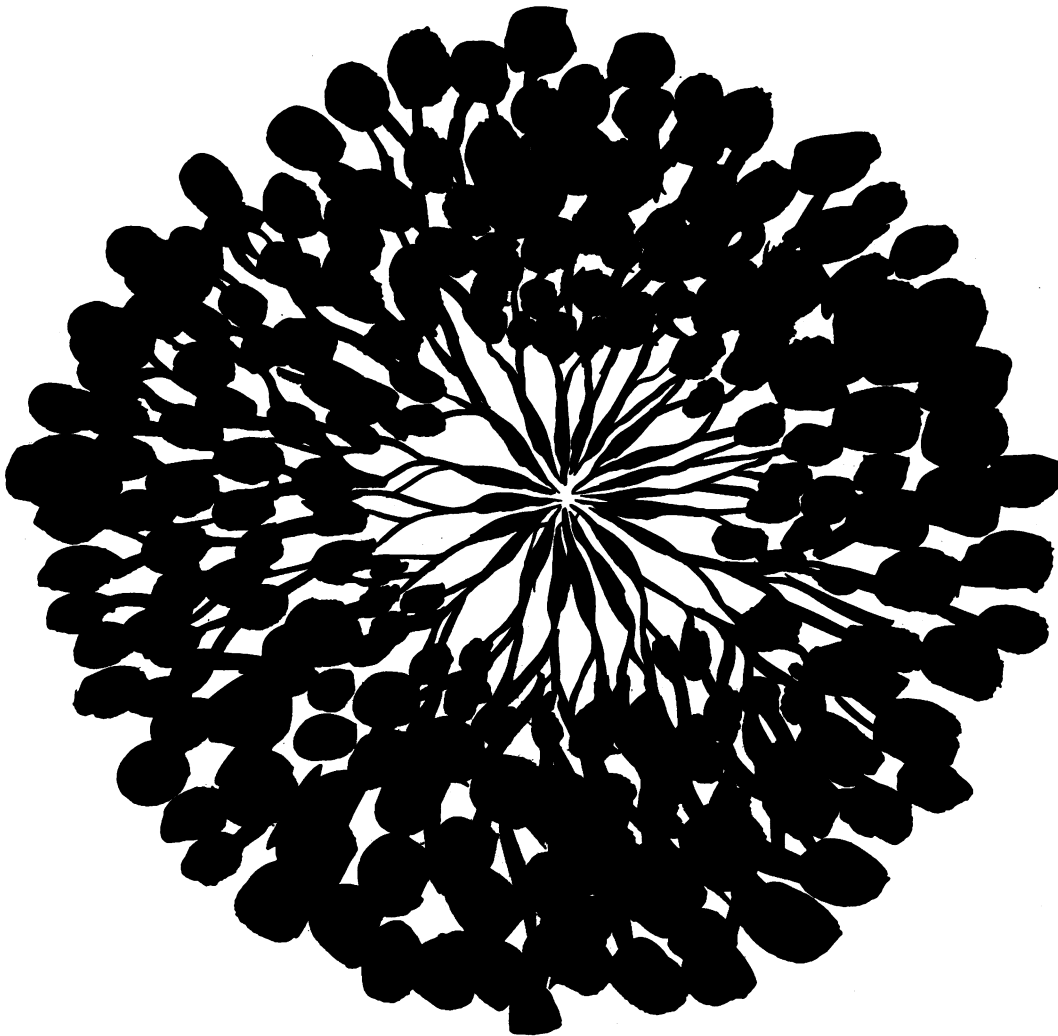
PREVENTS LACTATION AND BREAST ENGORGEMENT / just one injection at the end of the first stage of labor / optimally balanced, long-acting combination of gonadal steroids for easy injection through small-gauge needle because of low viscosity / virtually eliminates need for analgesics¹ / essentially eliminates withdrawal reaction and secondary breast engorgement sometimes associated with oral medication¹ / does not affect involution of uterus or restoration of normal ovarian function².

SQUIBB



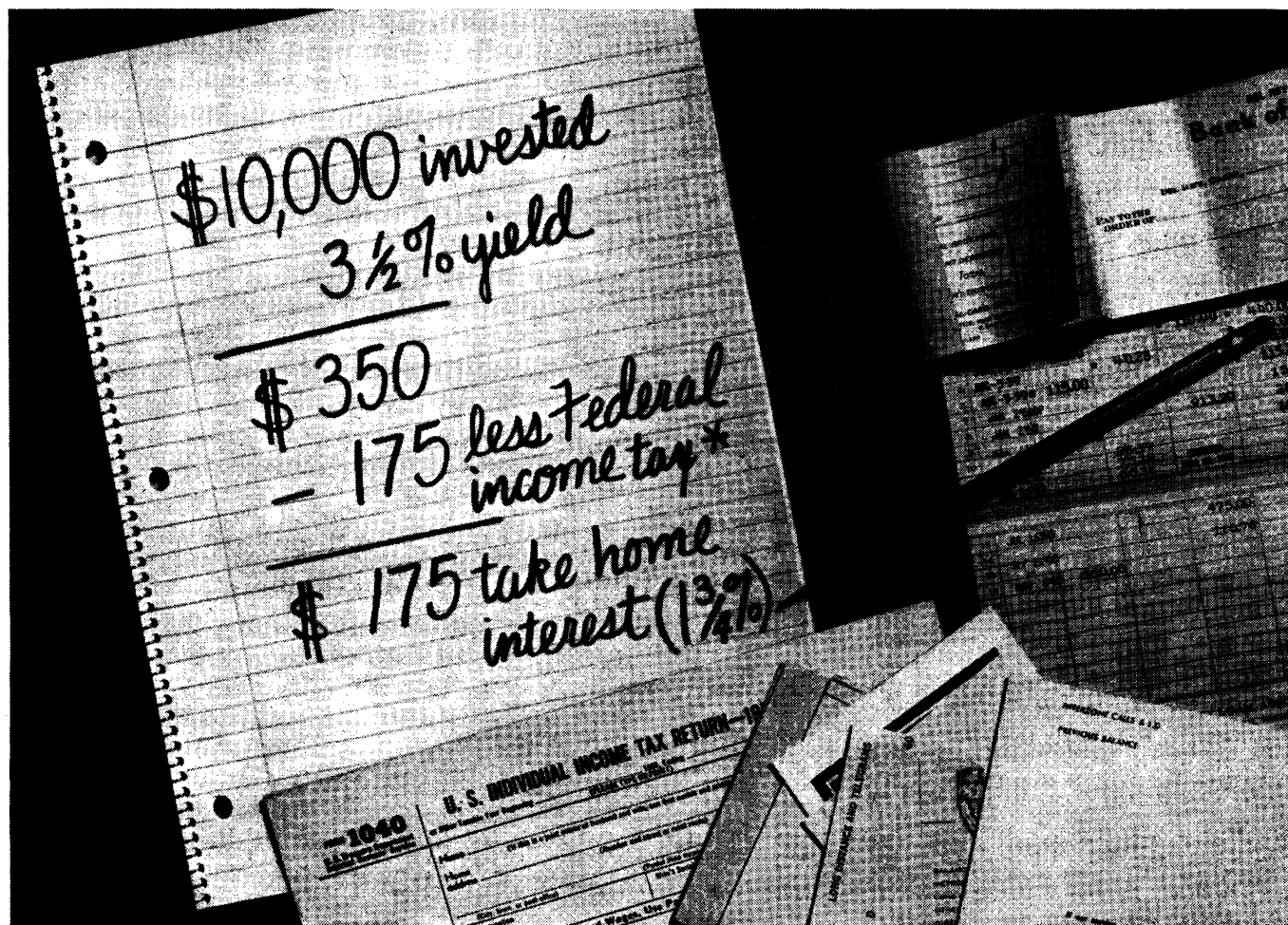
Squibb Quality—the Priceless Ingredient

DELADUMONE® is a Squibb trademark



Supply: Each cc. of Deladumone 2X provides 180 mg. testosterone enanthate and 8 mg. estradiol valerate dissolved in sesame oil. **Vials of 2 cc.** **Dosage:** 2 cc. given as a single intramuscular injection preferably at the end of the first stage of labor or else immediately upon delivery. For full information see your Squibb Product Reference or Product Brief. **References:** 1. Watrous, J. B., Jr., et al.: J.A.M.A. 169: 246 (Jan. 17) 1959. 2. Lo Presto, B., and Caypinar, E.Y.: J.A.M.A. 169: 250 (Jan. 17) 1959.

Does this happen to you?



**The example above shows what can happen to interest or other income you receive from investments. It's based on approximate Federal taxes paid by an individual in the \$16,000 to \$18,000 taxable income bracket. A suggestion for increasing your "take home" interest is explained below.*

There can be a big difference between the yield you earn before and after Federal income taxes. That's true whether you are earning 3%, 4% or 10% on money you have invested. The illustration above is just one example of how Federal taxes cut down actual earnings. Even in lower income brackets these taxes are substantial. For individual income between \$10-12,000 the Federal income tax rate is 38%.

Why not invest some of your surplus savings in the tax-exempt bonds issued by local and state governments and keep *all* the income you earn from these bonds? You can purchase municipal bonds yielding 3.50% or more. It would take a 7% *taxable* return to equal this *tax-exempt* yield if you are in the 50% tax bracket — or more if you are in a higher tax bracket.

There's no mystery to purchasing municipal bonds. Dean Witter & Co. maintains a special department that purchases part or all of entire issues and offers them to investors like you who want to buy one or more.

If you are interested, talk to an Account Advisor at Dean Witter & Co. Let him help you select bonds to fit your requirements. Or just write "bonds" on a card and mail to our nearest office. We will send you a copy of our informative booklet, "The Story Behind Municipal Bonds" together with a list of our current offerings. There's no obligation.



DEAN WITTER & Co.

Members New York Stock Exchange • Pacific Coast Stock Exchange

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INDEX TO CALIFORNIA MEDICINE ADVERTISERS

Abbott Laboratories	Knoll Pharmaceutical Company	Sardeau, Inc.
<i>Compoicillin-VK</i>22, 23	<i>Akineton</i> 24	<i>Sardo</i> 58
<i>Optilets/Dayalets</i>Insert 54-55	<i>Quadrinal</i> 59	Schering Corp.
Alexander Sanitarium 69	Lanpar Company 56	<i>Delenar</i>Inside Front Cover
Ames Company, Inc.	Lederle Laboratories	Searle & Co., G. D.
<i>Uristix</i> 41	<i>Aristocort</i>48, 49	<i>Lomotil</i> 51
Armour Pharmaceutical Co.	<i>Declomycin</i>70, 71	Smith Kline & French
<i>Chymar</i> 10	<i>Stresscaps</i> 11	Laboratories
<i>Listica</i>25, 26, 27	<i>Trepidone</i> 30	<i>Thorazine</i>52, 53
Ayerst Laboratories, Inc.	Leeming & Co., Inc., Thos.	Squibb & Sons, E. R.
<i>"Thiosulfil" Forte</i>42, 43	<i>Nephenalin</i> 14	<i>Deladumone 2-X</i> 1
Bristol Laboratories	Lemmon Pharmacal Co.	<i>Delalutin</i> 75
<i>Salutensin</i>64, 65	<i>Obestat Ty-Med</i> 63	<i>Mysteclin-F</i> 44
Brown Pharmaceutical Company	Lilly and Co., Eli	<i>Theragran</i>60, 61
<i>Android</i> 80	<i>Ilosone</i> 50	Stacey's
<i>Lipo-Nicin PTZ</i> 38	Medical Protective Co., The..... 7	<i>Medical & Technical Books</i> 32
Burroughs Wellcome & Co.	Mission Pharmacal Co.	Standard Brands, Inc.
<i>Empririn</i>46, 47	<i>Prulet</i> 12	<i>Fleischmann's Unsalted</i>
California Physicians' Service.. 7	Organon, Inc.	<i>Margarine</i> 81
California State Personnel 72	<i>Cotazym-B</i> 45	Tassette, Inc.
Camelback Hospital 54	Pacific Vegetable Oil Corporation	<i>Tassette</i> 39
Case Laboratory, G. M.	<i>Saffola Products</i> 13	Tidi Products
<i>PAF Douche Powder</i> 76	Parke, Davis & Company	<i>Professional Papers</i> 72
Ciba Pharmaceutical Products	<i>Chloromycetin</i>36, 37	Traffic Safety Committee
<i>Doriden</i> 28	Pet Milk Co.	<i>Seat Belts</i> 20
Classified Advertisements84, 85	<i>Sego</i> 66	Twin Pines Neuropsychiatric
Compton Foundation Hospital .. 68	Pfizer Laboratories	Sanitarium 69
Cook County Graduate School	<i>Terramycin</i>Insert 32-33	Upjohn Company, The
of Medicine 54	Pharmaceutical Manufacturers	<i>Medrol</i>34, 35
Corbin-Farnsworth, Inc.	Association 79	<i>Orinase</i>Third Cover
<i>Cardiac Monitoring and</i>	Philips Roxane, Inc.	<i>Panalba</i> 9
<i>Defibrillation Instruments</i> 74	<i>Geroniazol TT</i> 77	U. S. Vitamin &
Cutter Laboratories	Physicians Casualty & Health	Pharmaceutical Corp.
<i>Peridial</i>Back Cover	Associations 56	<i>Bacid</i> 57
Directory: Hospitals,	Raleigh Hills Hospital 33	Wallace Laboratories
Sanitariums, Rest Homes ..68, 69	Reed & Carnrick	<i>Miltown</i> 40
Doctors Business Bureau 33	<i>Alphosyl</i> 21	Warren-Teed Products Co., The
East Bay Rehabilitation Center 69	Riker Laboratories, Inc.	<i>Modane</i> 73
Endo Laboratories	<i>Ulo</i>16, 17	Westwood Pharmaceuticals
<i>Hycomine</i> 18	Robins Company, Inc., A. H.	<i>Fostex</i> 29
Flint, Eaton & Co.	<i>Ambar</i> 15	Winthrop Laboratories
<i>Synthroid</i> 62	<i>Phenaphen</i> 78	<i>pHisoHex/pHisoAc</i> 31
Fresno Community Hospital 68	Roerig & Co., J. B.	<i>Trancoprin</i> 83
Greens' Eye Hospital 68	<i>Antivert</i> 86	Witter & Co., Dean
Kip, Inc.	<i>Cartrax</i> 67	<i>Financial</i> 3
<i>Anti-Pyrexol</i> 38	<i>Enarax</i> 19	Woodside Acres Hospital..... 68



in bacterial
tracheobronchitis

Panalba* promptly

to gain precious
therapeutic hours

Panalba  your broad-spectrum
antibiotic of first resort

In the presence of bacterial infection, taking a culture to determine bacterial identity and sensitivity is desirable—but not always practical in terms of the time and facilities available.

A rational clinical alternative is to launch therapy at once with Panalba, the antibiotic that provides the best odds for success.

Panalba is effective (in vitro) against 30 common pathogens, including the ubiquitous staph. Use of Panalba *from the outset* (even pending laboratory results) can gain precious hours of effective antibiotic treatment.

Supplied: Capsules, each containing Panmycin* Phosphate (tetracycline phosphate complex), equivalent to 250 mg. tetracycline hydrochloride, and 125 mg. Albamycin,* as novobiocin sodium, in bottles of 16 and 100.

Usual Adult Dosage: 1 or 2 capsules 3 or 4 times a day.

Side Effects: Panmycin Phosphate has a very low order of toxicity comparable to that of the other tetracyclines and is well tolerated clinically. Side reactions to therapeutic use in patients are infrequent and consist principally of mild nausea and abdominal cramps.

Albamycin also has a relatively low order of toxicity. In a certain few patients, a yellow pigment has been found in the plasma. This pigment, apparently, a metabolic by-product of the drug, is not necessarily associated with abnormal liver function tests or liver enlargement.

Urticaria and maculopapular dermatitis, a few cases of leukopenia and thrombocytopenia have been reported in patients treated with Albamycin. These side effects usually disappear upon discontinuance of the drug.

Caution: Since the use of any antibiotic may result in overgrowth of nonsusceptible organisms, constant observation of the patient is essential. If new infections appear during therapy, appropriate measures should be taken. Total and differential blood counts should be made routinely during prolonged administration of Albamycin. The possibility of liver damage should be considered if a yellow pigment, a metabolic by-product of Albamycin, appears in the plasma. Panalba should be discontinued if allergic reactions that are not readily controlled by antihistaminic agents develop.

*Trademark, Reg. U.S. Pat. Off.
The Upjohn Company
Kalamazoo, Michigan

Upjohn

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What now?

Chymar,[®] *for one thing*

Systemic Anti-inflammatory Enzyme Preparation

1. Fullgrabe, E. A.: Ann. New York Acad. Sc. 68:192, 1957. 2. Teitel, L. H.; Siegel, S. J.; Tondler, J.; Reiser, P., and Harris, S. B.: Industrial Med. 29:150, 1960. 3. Billow, B. W.; Cabodeville, A. M.; Palm, A.; Robinson, M., and Paley, S. S.: Southwestern Med. 47:286, 1960. 4. Morani, A. D.; Serlin, O.; King, R. M., and Flynn, J. R.: J. Internat. Coll. Surgeons 34:709, 1960. 5. Cigarroa, L. G.: J. Internat. Coll. Surgeons 34:442, 1960.



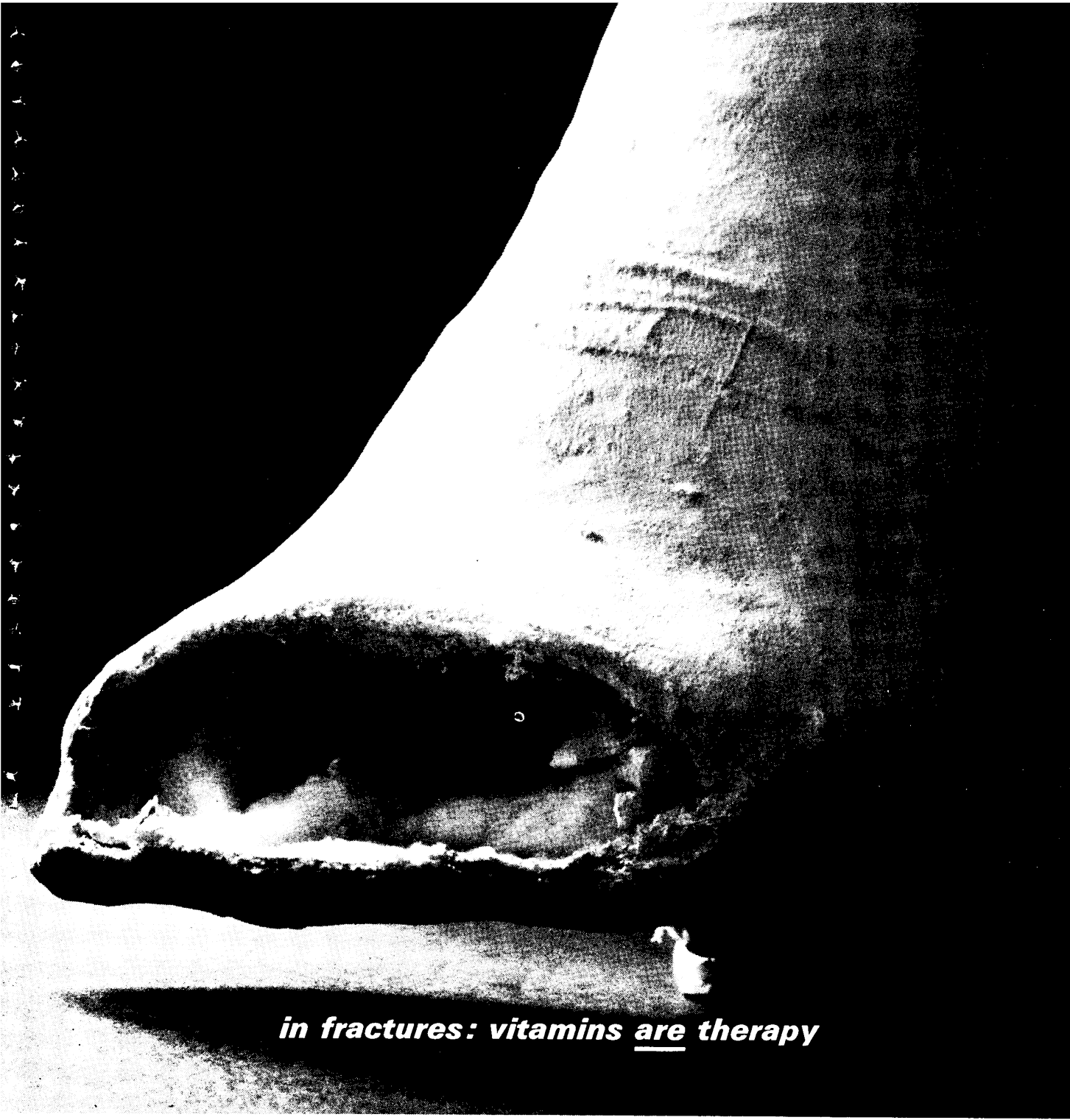
TO CONTROL INFLAMMATION, SWELLING AND PAIN FROM ACCIDENTAL TRAUMA

CHYMAR rapidly overcomes the deleterious aspects of inflammatory processes encountered in traumatic injuries.¹⁻⁵

In fractures, "... chymotrypsin prevents or reduces objective and subjective signs of inflammation. It dissipates the edema by accelerating absorption of hematoma and lymph effusions."⁵ CHYMAR accelerates "... the reduction of edema following strains and sprains of joints ..."¹

ARMOUR PHARMACEUTICAL COMPANY KANKAKEE, ILLINOIS *Originators of Listica[®]*

CHYMAR—Chymar Aqueous and Chymar (in oil) contain crystallized chymotrypsin, a proteolytic enzyme with systemic anti-inflammatory properties. Each cc. of Chymar contains 5000 Armour Units of chymotrypsin, 0.18% methyl paraben, 0.02% propyl paraben, 2% aluminum monostearate, q.s. sesame oil. Each cc. of Chymar Aqueous contains 5000 Armour Units of chymotrypsin, 0.9% sodium chloride, 0.2% calcium acetate, 0.01% thimerosal, q.s. Water for Injection. **ACTION:** Reduces inflammation of all types; reduces and prevents edema except that of cardiac or renal origin; hastens absorption of blood and lymph extravasates; helps to liquefy thick tenacious mucous secretions; restores local circulation; promotes healing; reduces pain. **INDICATIONS:** Chymar is indicated in respiratory conditions such as asthma, bronchitis, sinusitis and rhinitis; in accidental trauma to speed reduction of hematomas, bruises and contusions; in inflammatory dermatoses to ameliorate acute inflammation in conjunction with standard therapies; in gynecologic conditions therapeutically or in conjunction with antibiotics in pelvic inflammatory disease; in surgical procedures as biopsies, G. I. surgery, hernia repairs, hemorrhoidectomies, plastic surgery and thrombophlebitis; in peptic ulcers and ulcerative colitis as an adjunct to diet, antispasmodics, antacids, etc.; in genitourinary disorders as epididymitis, orchitis and prostatitis; in eye conditions as acute conjunctivitis, traumatic edema, hematomas, and eye surgery; in dental and oral surgery as fractures of the mandible or maxilla, alveolotomies, denture fitting, and multiple extractions; and in obstetrics as in episiotomies, breast engorgement, and thrombophlebitis. **PRECAUTIONS:** Chymar and Chymar Aqueous are for intramuscular injection only. Although sensitivity to chymotrypsin is uncommon, reactions to anti-inflammatory enzymes have been observed. The usual remedial agents (epinephrine, corticotropin (HP*ACTHAR Gel), antihistamine, aminophylline, etc.) should be readily available in case of untoward reactions. Precautions (scratch testing for Chymar (in oil), scratch or intradermal testing for Chymar Aqueous) should be exercised in those patients with known or suspected allergies or sensitivities. As with any foreign protein, patients may develop sensitivity from repeated injections. It is, therefore, recommended that the above precautions be considered prior to administration. In further treatment of those patients in whom a previous injection of chymotrypsin produced signs of possible sensitivity, such as localized edema and erythema at injection site, urticaria, conjunctivitis, etc., particular care must be exercised. **INCOMPATIBILITIES:** With usual agents, none known—e.g., compatible with antibiotics and anesthetics. **DOSAGE:** 0.5 cc. to 1.0 cc. deep intramuscularly once or twice daily, depending on severity of condition. Decrease frequency as course of condition is altered. In chronic or recurrent conditions, 0.5 cc. to 1.0 cc. once or twice weekly. **SUPPLIED:** Chymar in Oil 5 cc. vials and Chymar Aqueous 1 & 5 cc. vials; 5000 Armour Units of proteolytic activity per cc.



in fractures: vitamins are therapy

Few factors are more fundamental to tissue and bone healing than nutrition. Therapeutic allowances of B and C vitamins are important for rapid replenishment of vitamin reserves which may be depleted by the stress of fractures. Metabolic support with STRESSCAPS is a useful adjunct to an uneventful recovery. Supplied in decorative "reminder" jars of 30 and 100.

Each capsule contains:

Vitamin B ₁ (Thiamine Mononitrate)	10 mg.
Vitamin B ₂ (Riboflavin)	10 mg.
Niacinamide	100 mg.
Vitamin C (Ascorbic Acid)	300 mg.
Vitamin B ₆ (Pyridoxine HCl)	2 mg.
Vitamin B ₁₂ Crystalline	4 mcgm.
Calcium Pantothenate	20 mg.

Recommended intake: Adults, 1 capsule daily, or as directed by physician, for the treatment of vitamin deficiencies.

LEDERLE LABORATORIES, A Division of AMERICAN CYANAMID COMPANY, Pearl River, N. Y.



STRESSCAPS®
Stress Formula Vitamins Lederle

NOW AT SUPERMARKETS EVERYWHERE
 ...at a
new, low price

(around **79¢** a quart)

SAFFOLA
SAFFLOWER OIL
 for
 cooking, salads

Nearly Twice
 the poly-unsaturation
 ratio of corn oil!

HERE'S THE PROOF:

RATIO OF POLY-UNSATURATES TO SATURATED FATS

SAFFLOWER OIL  9 TO 1

CORN OIL  5.3 TO 1

COTTON OIL  2 TO 1

Source: U. S. Dept. of Agriculture Reports—1959



asthma attack averted
... in minutes



patient protected
... for hours



Nephenalin[®]

(the dual-action anti-asthmatic tablet)

... works with nebulizer speed—provides four-hour protection

One NEPHENALIN tablet provides: *air in a hurry*—through sublingual isoproterenol HCl, 10 mg. *air for hours*—through theophylline, 2 gr.; ephedrine, $\frac{3}{8}$ gr.; phenobarbital, $\frac{1}{8}$ gr.

Dosage: Hold one NEPHENALIN tablet under the tongue for five minutes to abort the asthmatic attack promptly. Then swallow the tablet core for four full hours' protection against further attack. Only one tablet should be taken every four hours. No more than five tablets in 24 hours.

Supplied: Bottles of 50 tablets. For children: NEPHENALIN Pediatric, bottles of 50 tablets.

Caution: Do not administer NEPHENALIN with epinephrine. The two medications may be alternated at 4-hour intervals. NEPHENALIN should be administered with caution to patients with hyperthyroidism, acute coronary disease, cardiac asthma, limited cardiac reserve, acute myocardial damage, and to those hypersensitive to sympathomimetic amines. Phenobarbital may be habit forming. THOS. LEEMING & Co., INC., New York 17, N.Y.

make your
overweight patient's
diet work better

2 ways

**suppress appetite
effectively
for up to 12 hours**

**and offset the
emotional symptoms
of food withdrawal**

with a single before-breakfast dose
Ambar#1 Extentabs

methamphetamine hydrochloride 18.0  mg., phenobarbital 64.8 mg. (1 gr.)

or

Ambar#2 Extentabs

methamphetamine hydrochloride 15  mg., phenobarbital 64.8 mg. (1 gr.)

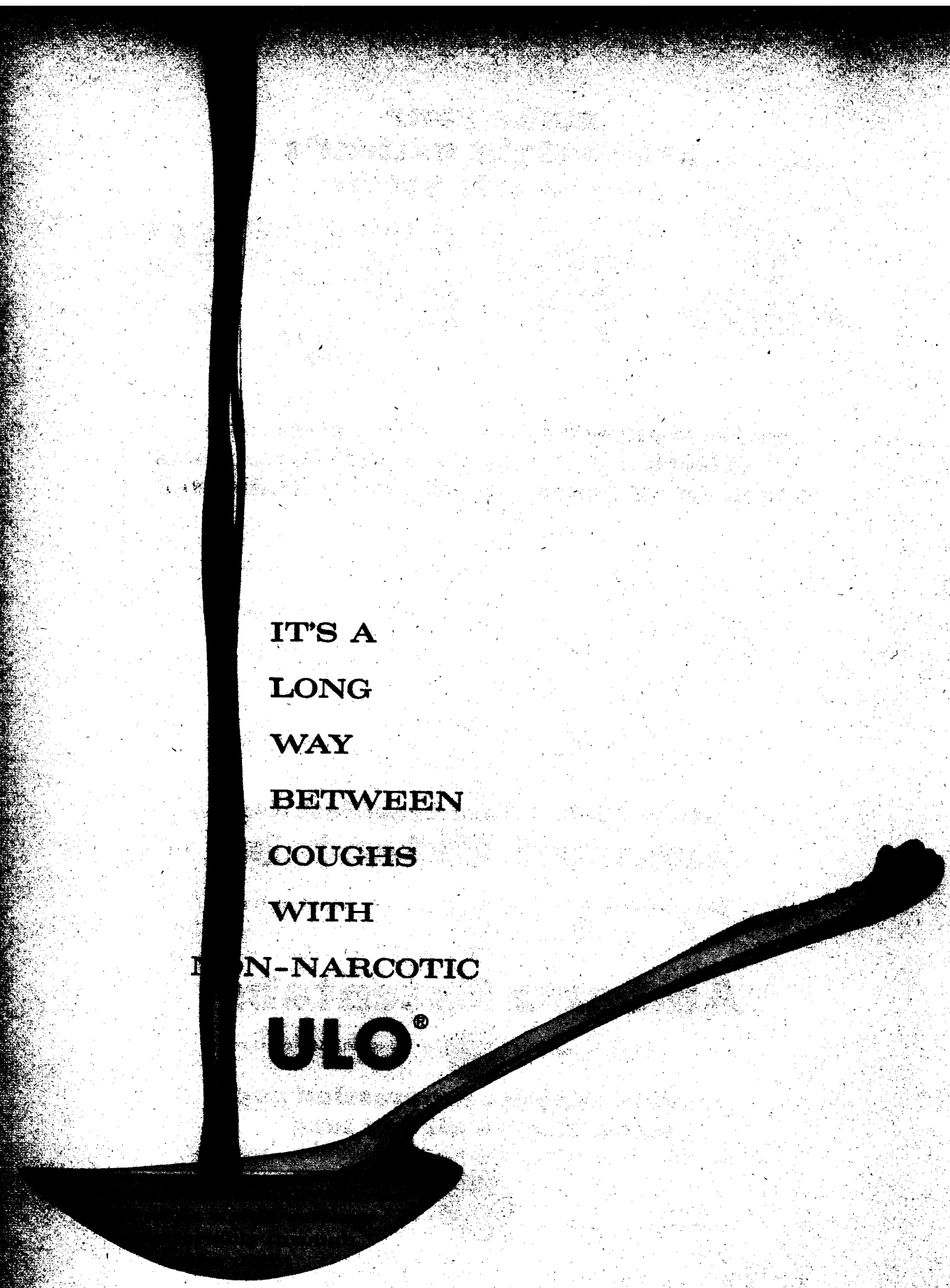
**provide appetite suppression and
mood control all day long**

Also available: AMBAR TABLETS, for conventional t.i.d. or supplemental dosage.

A. H. ROBINS CO., INC., Richmond 20, Virginia

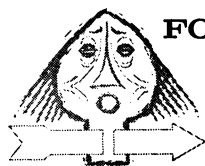


MAKING TODAY'S MEDICINES WITH INTEGRITY
... SEEKING TOMORROW'S WITH PERSISTENCE



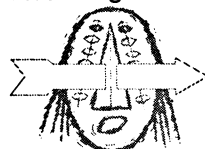
IT'S A
LONG
WAY
BETWEEN
COUGHS
WITH
NON-NARCOTIC

ULO®



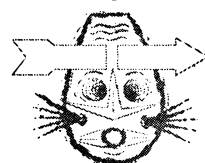
ULO®

syrup for control of acute cough



ULOMINIC®

syrup for control of acute cough with allergic reactions



ULOGESIC®

tablets for control of acute cough

and relief from associated aches, pain, and fever

FOR CONTROL OF ACUTE COUGH AND COLD DEMONS

INHIBITS COUGH IMPULSE FOR 4 TO 8 HOURS

Non-narcotic ULO equals the cough suppressant action of narcotics; maintains its effect far longer; and avoids the limitations and side effects of narcotics.

ULO®

non-narcotic molecule chlrophedianol HCl

COUNTERACTS IRRITATION IN PHARYNX, LARYNX, TRACHEA, AND BRONCHI

DIAFEN®

fast-acting antihistaminic diphenylpyraline HCl

RELIEVES CONGESTION

PHENYLEPHRINE HCl

sympathomimetic

MAKES VOLUNTARY COUGH MORE PRODUCTIVE

GLYCERYL GUAIACOLATE

expectorant and demulcent

ALLEVIATES ASSOCIATED ACHES AND DISCOMFORTS AND ABORTS FEVER

APAP

analgesic and antipyretic

INDICATIONS:

For acute cough associated with:

Upper Respiratory Infections
Common Cold
Influenza
Pneumonia
Pertussis
Allergies (Ulominic and Ulogesic)

Pleurisy
Bronchitis
Tracheitis
Laryngitis
Croup
Ulogesic)

CONTRAINDICATIONS:

Although no contraindications for Ulominic or Ulogesic are known, they should be used only for acute cough.

CAUTION:

Since Ulominic and Ulogesic contain an antihistaminic agent, drowsiness may occur. As they also contain a sympathomimetic agent, they should be used with caution in coronary artery disease, glaucoma, hypertension, and hyperthyroidism.

SIDE EFFECTS:

ULO

These occur only occasionally and have been mild. Nausea and dizziness have occurred infrequently; vomiting and drowsiness rarely. As with all centrally acting drugs, an infrequent case may develop excitation, hyperirritability and nightmares. The symptoms disappear within a few hours after the drug is discontinued. In three cases (1 adult and 2 children) where the drug was continued in large or even excessive amounts after stimulation was present, hallucinations developed. Upon withdrawal of the medication, the patients recovered rapidly within a few hours.

ULOMINIC and ULOGESIC

Side effects from ULOMINIC or ULOGESIC occur occasionally and are mild. Nausea, dizziness, and dryness of the

mouth occur infrequently; vomiting and drowsiness rarely.

DOSAGE:

ULO

Adults: 25 mg. (1 teaspoonful) 3 or 4 times daily as required.

Children: 6 to 12 years of age — 12.5 to 25 mg. (½ to 1 teaspoonful) 3 or 4 times daily as required.

2 to 6 years of age — 12.5 mg. (½ teaspoonful) 3 or 4 times daily as required.

ULOMINIC

Adults: One teaspoonful (5 cc) four times daily.

Children: 6 to 12 years — ½ teaspoonful (2.5 cc) 4 times daily.

2 to 6 years — ¼ teaspoonful (25 drops) 4 times daily.

ULOGESIC

Adults: Two tablets 4 times daily.

Children: 6 to 12 years — one tablet 4 times daily.

AVAILABILITY:

ULO SYRUP Bottles 12 oz.

ULOMINIC SYRUP Bottles 1 pint.

ULOGESIC TABLETS

Bottles of 100 tablets.

CAUTION: Federal Law prohibits dispensing without prescription.

FORMULAS:

ULO SYRUP — Each 5 ml. teaspoonful contains:

chlrophedianol HCl*
[alpha-(2-dimethylaminoethyl)-o-chlorobenzhydrol • HCl] . . . 25 mg.
chloroform, U.S.P. 0.001 ml.
Alcohol 6.65 per cent in a pleasant flavored syrup base

ULOMINIC® SYRUP — Each teaspoonful (5cc) contains:

chlrophedianol HCl*
[alpha-(2-dimethylaminoethyl)-o-chlorobenzhydrol • HCl] . . . 15.0 mg.
diphenylpyraline HCl
(1-methyl-4-piperidyl-benzhydrol ether • HCl) . . . 1.0 mg.
phenylephrine HCl 5.0 mg.
glyceryl guaiacolate 100.0 mg.
alcohol 6%

ULOGESIC® — Each tablet contains:

chlrophedianol HCl*
[alpha-(2-dimethylaminoethyl)-o-chlorobenzhydrol • HCl] . . . 7.5 mg.
diphenylpyraline HCl
(1-methyl-4-piperidyl-benzhydrol ether • HCl) . . . 0.5 mg.
phenylephrine HCl 2.5 mg.
glyceryl guaiacolate 25.0 mg.
acetaminophen 162.5 mg.



RIKER LABORATORIES, INC.,
NORTH RIDGE, CALIFORNIA

*PATENTS PENDING



who
coughed?

WHENEVER COUGH THERAPY
IS INDICATED

HYCOMINE®

Syrup

THE COMPLETE Rx FOR COUGH CONTROL

cough sedative / expectorant

antihistamine / nasal decongestant

■ relieves cough and associated symptoms
in 15-20 minutes ■ effective for 6 hours or
longer ■ promotes expectoration ■ rarely
constipates ■ agreeably cherry-flavored

Each teaspoonful (5 cc.) of HYCOMINE® Syrup
contains: Hycodan®

Dihydrocodeinone Bitartrate . . . 5 mg.	} 6.5 mg.
(Warning: May be habit-forming) Homatropine Methylbromide . . . 1.5 mg.	

Pyrilamine Maleate	12.5 mg.
Phenylephrine Hydrochloride	10 mg.
Ammonium Chloride	60 mg.
Sodium Citrate	85 mg.

Average adult dose: One teaspoonful after meals
and at bedtime. May be habit-forming. Federal law
allows oral prescription.



Literature on request

ENDO LABORATORIES

Richmond Hill 18, New York

*U.S. Pat. 2,630,400



when G.I. patients
double up with pain...
double up on
symptomatic relief

R_x ENARAX[®]
(oxyphencyclimine plus ATARAX[®])

In peptic ulcer and functional bowel distress

ENARAX provides dual relief of symptoms: it decreases acid flow and spasm... and relieves tension.

Plus protection against flare-ups

ENARAX works continuously... gives dependable 24-hour control, usually with b.i.d. dosage.

Here's how: ENARAX combines oxyphencyclimine, an inherently long-acting anticholinergic (no slip-ups due to coatings or timing devices), plus Atarax,* one of the best tolerated tranquilizers, to decrease tension without increasing gastric secretion. The result: demonstrated success in 87% of cases.¹

Anticholinergics alone are often not enough. But G. I. complaints like "burning," hyperacidity, pain, spasm and associated tension have one hopeful thing in common: they usually respond to your prescription for ENARAX.

Dosage: The usual dosage is one ENARAX 5 or ENARAX 10 tablet twice daily—preferably in the morning and before retiring. Maintenance dose should be adjusted according to therapeutic response. Use with caution in patients with prostatic hypertrophy and only with ophthalmological supervision in glaucoma.

Supplied: ENARAX 5 (oxyphencyclimine HCl 5 mg., Atarax 25 mg.) and ENARAX 10 (oxyphencyclimine HCl 10 mg., Atarax 25 mg.), bottles of 60.

1. Hock, C. W.: Am. J. Gastroenterol. 34:293 (Sept.) 1960.

*brand of hydroxyzine



New York 17, N.Y.
Division, Chas. Pfizer & Co., Inc.
Science for the World's Well-Being[®]

A SEAT BELT CAN SAVE YOUR LIFE!

"Safety belts, properly used, often prevent or reduce injury and death in collisions," says the California Highway Patrol.



Hit by train at a grade crossing, the driver of this car owes his life to a safety belt.

(Official Photo, California Highway Patrol)

INSTALL and USE Seat Belts in Your Automobile

All C.M.A. members are urged to promote safety in driving by **INSTALLING** and **USING** seat belts in their autos, as recommended by the Committee on Traffic Safety.

For your convenience, the Committee on Traffic Safety has arranged with Tulareloft Manufacturing Company for a direct purchase of their #300 Seat Belt. This belt is manufactured in California, and meets the specifications of the California Highway Patrol for use in patrol autos.

The belt is made of heavy nylon webbing, capable of withstanding 6,000 pounds pressure per square inch. The buckle is the metal-to-metal type with an easy-connect and quick-release feature.

Installation instructions should be carefully followed!!!

The price is \$5.95 for standard belts, covers tax and shipping cost. Cadillacs require longer belts—30 cents extra; Sportscar-type anchors—50 cents extra.

"REMEMBER—THE LIFE YOU SAVE MAY BE YOUR OWN!"

USE THIS COUPON

TULARELOFT
348 North "L" Street, Tulare, California

Attached is my check for \$_____

Please send me _____ belts. Circled at right is my selection of color and number of each belt ordered. I have checked the type of automobile in which the belt is to be installed.

SPECIAL PRICE TO DOCTORS

CADILLAC _____ SPORTSCAR _____
(\$6.25 each) (\$6.45 each)

STANDARD _____
(\$5.95 each)

Standard belts will fit all other cars. Full instructions will be sent without charge.

Beige	Black	Blue (Dark) _____
Blue (Med.) _____	Brown	Green
Grey	Maroon	Red
Tan	Turquoise	White
	Yellow	

Name _____

Address _____

City _____ Zone _____ State _____

FOR PSORIASIS—ESPECIALLY IN INTERTRIGINOUS AREAS

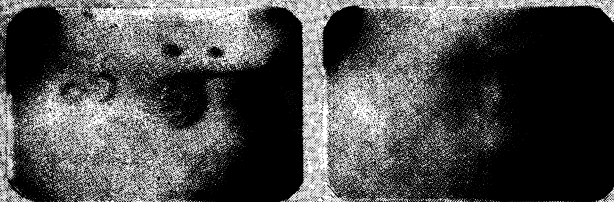
ALPHOSYL[®] LUBRICATING CREAM

REMOVES SCALES! REDUCES ERYTHEMA! RELIEVES IRRITATION!

Now! The Clinically Proven ALPHOSYL Formula in a New Cream Base that Simulates Natural Skin Lipids!

Marked success in treating psoriasis—especially in intertriginous areas—is reported with new Alphosyl Lubricating Cream.¹ In a study of 96 psoriatics, 73 patients experienced 75% to 100% clearing—15 showed 50% to 75% clearing.¹

Alphosyl Lubricating Cream not only helps remove scales and reduce erythema, but a new cream base affords added lubrication between the skin folds.



Patient E. G. Treatment started Jan. 14. On Feb. 18 clearing is almost complete.

Thus, it prevents the painful irritation that results from the rubbing of lesion against lesion. The base enhances moisture retention and, containing squalane, dissolves a cement substance in psoriatic scale.

Active Ingredients: Allantoin 2% and special coal tar extract (Tarbonis[®]) 5%.

Supplied: In tubes of 60 Gm.

Important Therapeutic Note: Instruct patient to rub Alphosyl vigorously into the skin.

References: 1. Bleiberg, J.: Clin. Med. 8:1724 (Sept.) 1961.

For generalized and scalp psoriasis

ALPHOSYL LOTION

For psoriasis—with acute inflammation

ALPHOSYL HC

LOTION WITH 0.25% HYDROCORTISONE

 **REED & CARRICK** / Kenilworth, New Jersey



In oral penicillin therapy
COMPOCILLIN-VK
offers the speed, the certainty,
the effectiveness
of this...



with the safety
and the convenience
of this...



IN ORAL PENICILLIN THERAPY COMPOCILLIN®-VK

POTASSIUM PENICILLIN V

BECAUSE potassium penicillin V (Compo-cillin-VK) offers excellent absorption^{1,2,3,4}—fast, predictable levels of antibacterial activity enter the blood stream and quickly reach the site of infection. *Absorption takes place high in the digestive tract and is virtually unaffected by gastric media.*

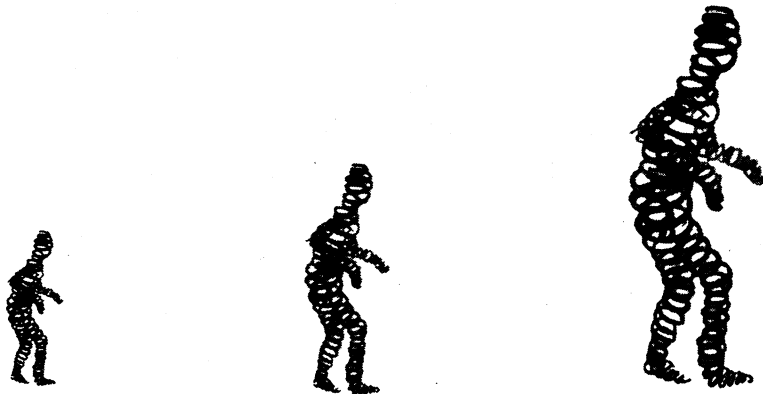
Antibacterial levels are so predictable that, in some cases, *Compocillin-VK may be prescribed in place of injectable penicillin.* This is especially appreciated by younger patients and—as you know—oral administration is considered far safer than injectable.

Compocillin-VK is well tolerated and may be used in treating mild, severe, and in high dosage ranges, even critical cases involving penicillin-sensitive organisms. It comes in stable, palatable forms for every patient—every age.

There are tiny, easy-to-swallow Filmtab® tablets—125 mg. and 250 mg. (200,000 units and 400,000 units), a tasty, cherry-flavored suspension (each 5-ml. teaspoonful contains 125 mg.) and two combinations (Filmtab and suspension) with the triple sulfas. Depending on severity of infection, dosage for Compocillin-VK is usually 125 mg. or 250 mg. three times a day. Won't you try Compocillin-VK?

1. R. Lamb and E. S. Maclean, Penicillin V—A Clinical Assessment After One Year, *Brit. M. J.*, July 27, 1957, p. 191-193. 2. J. I. Burn, M. P. Curwen, R. G. Huntsman and R. A. Shooter, A Trial of Penicillin V, *Brit. M. J.*, July 27, 1957, p. 193. 3. J. Macleod, Current Therapeutics, *The Practitioner*, 178:486, April, 1957. 4. W. J. Martin, D. R. Nichols and F. R. Heilman, Observations on Clinical Use of Phenoxymethyl Penicillin (Penicillin V), *J.A.M.A.*, p. 928, March 17, 1956.





DRUG-INDUCED PARKINSONISM IS ON THE RISE, reflecting the growing use of potent tranquilizers. These extrapyramidal disturbances may be reduced by lowering tranquilizer dosage.

***“It is almost always preferable, however, to merely add oral AKINETON®... since this avoids the risk of loss of therapeutic benefit and permits uninterrupted phenothiazine therapy.”**

AKINETON®

BRAND OF BIPERIDEN

A synthetic anticholinergic agent for the treatment of all types of Parkinson's disease. A prompt specific countermeasure to drug-induced akinesia
• motor restlessness • akathisia • torticollis • oculogyric crises • chorea.

remarkably safe — “Akineton was not responsible for a single dangerous or toxic effect in the 500 patients treated.”*

Dosage: Doses required to achieve the therapeutic goal are variable and individually adjusted. The following are average doses.

Drug-induced extrapyramidal disorders
1 tablet (2 mg.) one to three times daily

Parkinson's disease
1 tablet (2 mg.) three or four times daily

AKINETON hydrochloride tablets—2 mg., bisected, bottles of 100 and 1000.

*Ayd, Frank J., Jr.: Drug-Induced Extrapyramidal Reactions: Their Clinical Manifestations and Treatment with Akineton. Psychosomatics 1:143 (May-June) 1960.



KNOLL PHARMACEUTICAL COMPANY, ORANGE, NEW JERSEY

**ARMOUR PHARMACEUTICAL COMPANY
ANNOUNCES THE FIRST SELECTIVE TENSITROPIC**

L I S T I C A[®]

I am pleased to inform you of the latest development in our Company's continuing research for superior chemotherapeutic agents.

For patients suffering from tension/anxiety states, we are offering the medical profession Listica—a new and selectively different monocarbamate. Frankly, we would be hesitant about entering a field already crowded with good drugs were it not for the marked differences Listica presents.

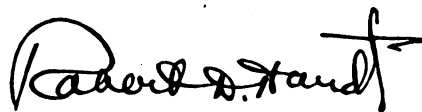
Listica is **not** "just another tranquilizer." We, therefore, call it **The First Selective Tensitropic**. Here are the reasons why:

New Listica allays tension/anxiety in as many as 89% of cases by selectively inhibiting impulses through internuncial pathways of the central nervous system. However, it does not affect the unconditioned response; thus, Listica does not induce apathy or impair acuity.

The past three and one-half years of clinical studies have demonstrated the safety and efficacy of Listica in 1,759 patients. There have been **no reports of contraindications, toxicity, habituation or serious side effects**.

One tablet q.i.d. is adequate dosage to allay tension/anxiety, maintain acuity, and promote **eunoia***—"a normal mental state." This simple, effective dose remains the same, even in maintenance therapy.

We are sending you samples and published clinical reports on Listica. We will be happy to send you a copy of the first "Symposium on Hydroxyphenamate" on request. I believe you will find Listica a valuable addition to the arsenal of chemotherapeutics for combatting tension/anxiety in your practice.

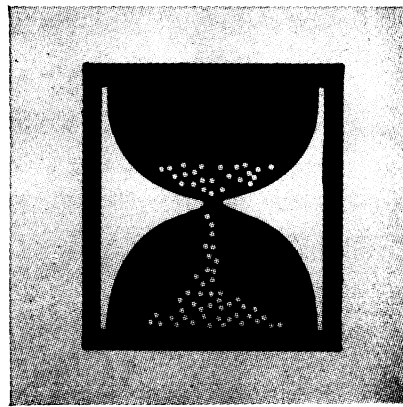
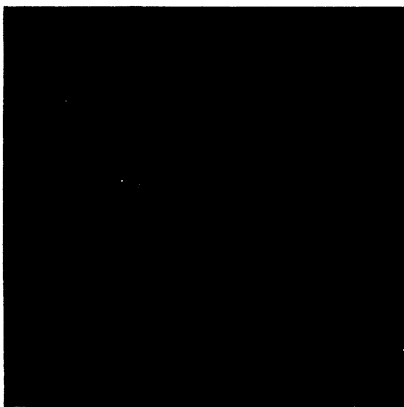
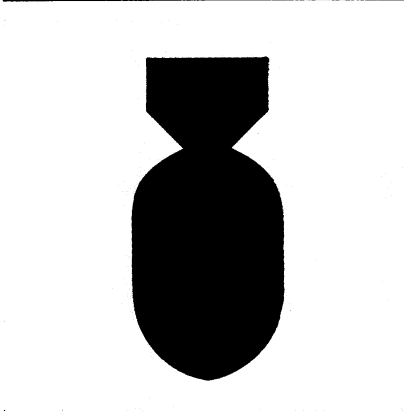
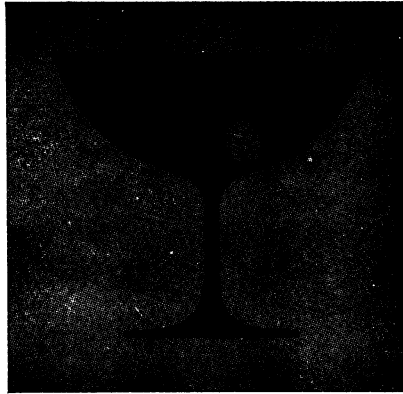
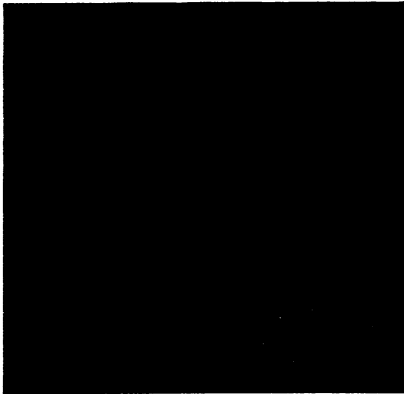


Robert A. Hardt, President

P.S.: Physicians who prefer generic names prescribe "Hydroxyphenamate, Armour."

ANNOUNCING THE FIRST

Symbols of the Age of Tension/Anxiety



LISTICA by ARMOUR



allays TENSION/ANXIETY...

maintains acuity... promotes eunoia*...

facilitates somatic diagnosis and therapy

SELECTIVE TENSITROPIC LISTICA[®]

lifts the facade of TENSION/ANXIETY New Listica allays tension/anxiety in as many as 89% of cases,²⁻¹³ by selectively inhibiting impulses through internuncial pathways of the central nervous system. Whether the patient's tension/anxiety is psychosomatic or a complication of somatic disorder, Listica reduces or eliminates the excess impulsivity seen in tension/anxiety states.

maintains normal acuity Unlike many drugs, Listica does not affect unconditioned response or normal motor activity. Thus, Listica allays tension and anxiety without inducing apathy or impairing acuity; patients are able to pursue normal activities, such as driving, reading, writing, etc., without interference from drug therapy.

enhances physician-patient rapport As it removes tension/anxiety, fear and frustration, **LISTICA PROMOTES EUNOIA**—"a normal mental state." It bares the patient's true somatic condition, and facilitates diagnosis and therapy. Patients are more tractable to concomitant drug therapy, respond better, faster.

without known toxicity or contraindications Listica is safe, as well as effective. Chronic studies¹⁴ in rats (12 months) and dogs (6 months) were free of toxic manifestations at oral dosage levels as high as 200 mg./kg./day (approximately 10 times the recommended human dosage). No macroscopic or microscopic changes in tissues, organs or blood indicative of toxicity were observed, even at doses up to 320 mg./kg. In humans, there have been no adverse blood, urine or cardiac changes; liver profiles were negative, and jaundice has not been noted.

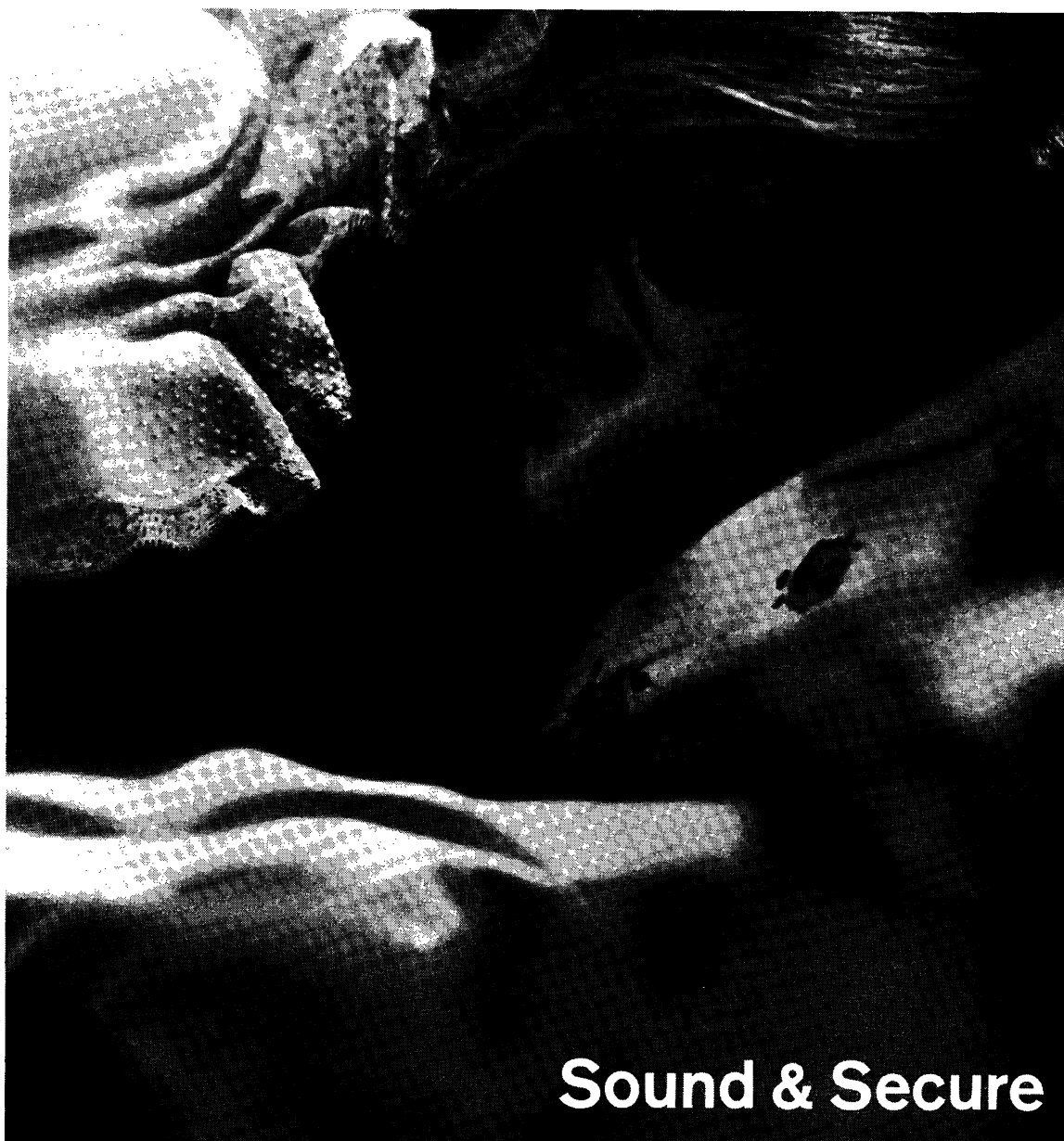
without serious side effects or habituation During three and one-half years of clinical study in 1,759 patients,²⁻¹³ Listica has produced no serious side effects. Less than 4% of patients experienced any side effects, and these were invariably minor and transient. Most frequent (38 cases) was mild drowsiness, which disappeared after the first few days of Listica therapy. Habituation, cumulative effects, or withdrawal symptoms have not been noted, even in patients taking Listica as long as two years.

with convenient dosage and availability One Listica tablet, q.i.d., is the recommended dosage. Listica is supplied in bottles of 50 tablets on prescription only, by pharmacies everywhere. Each tablet contains 200 mg. of Hydroxyphenamate, Armour.

References:

- ¹Bastian, J. W.: Classification of CNS Drugs by a Mouse Screening Battery. To be published in Intern. Arch. de Pharmacodynamie; ²Hubata, J. A., and Hecht, R. A.: Review of Clinical Use of Hydroxyphenamate (Listica) in 1,759 Patients. To be published in Clinical Medicine; ³Taub, S. J.: Management of Anxiety in Allergic Disorders—New Approach. To be published in Psychosomatics; ⁴Cahn, B.: Experience with a New Tranquilizing Agent (Hydroxyphenamate). *Ibid*; ⁵Davis, O. F.: On Use of Hydroxyphenamate in Anxiety Associated with Somatic Disease. To be published; ⁶Alexander, L.: Effect of Hydroxyphenamate on Conditional Psychogalvanic Reflex in Man. Supplement to Diseases of the Nervous System, Sept., 1961; ⁷Cahn, B.: Effect of Hydroxyphenamate in Treatment of Mild and Moderate Anxiety States. *Ibid*; ⁸Cahn, M. M., and Levy, E. J.: Use of Hydroxyphenamate (Listica) in Dermatological Therapy. *Ibid*; ⁹Eisenberg, B. C.: Amelioration of Allergic Symptoms with a New Tranquilizer Drug (Listica). *Ibid*; ¹⁰Friedman, A. P.: Pharmacological Approach to Treatment of Headache. *Ibid*; ¹¹Greenspan, E. B.: Use of Hydroxyphenamate in Some Forms of Cardiovascular Disease. *Ibid*; ¹²Gouldman, C., Lunde, F., and Davis, J.: Clinical Trial of Hydroxyphenamate in Alcoholic Patients. *Ibid*; ¹³McLaughlin, B. E., Harris, J., and Ryan, E.: Double Blind Study Involving "Listica," Chlordiazepoxide, and "Placebo" as Adjunct to Supportive Psychotherapy in Psychiatric Clinic. *Ibid*; ¹⁴Bastian, J. W.: Pharmacology and Toxicology of Hydroxyphenamate. *Ibid*; ¹⁵Bossinger, C. D.: Chemistry of Hydroxyphenamate. *Ibid*.

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Physicians who prefer generic names prescribe "Hydroxyphenamate, Armour."



Sound & Secure

Patients sleep soundly with Doriden. More important, they are secure. The wide margin of safety with Doriden is confirmed by more than 5 years of clinical experience and is well-documented in published reports.¹⁻⁶

Clinical evidence clearly supports these advantages of Doriden:

- Ⓢ Side effects (including morning hangover) are seldom significant.
- Ⓢ Toxic effects are rarely a clinical problem.
- Ⓢ Doriden causes little or no respiratory depression.
- Ⓢ Doriden is well-tolerated, even by the aged and chronically ill.

Its high degree of safety offers you a good reason to consider Doriden whenever your patient needs a good night's sleep.

SUPPLIED: Capsules, 0.5 Gm. (blue and white). Tablets, 0.5 Gm. (white, scored), 0.25 Gm. (white, scored) and 0.125 Gm. (white).

REFERENCES: 1. Blumberg, N., Everts, E.A., and Goracci, A.F.: *Pennsylvania M.J.* 59:808 (July) 1956. 2. Matlin, E.: *M. Times* 84:68 (Jan.) 1956. 3. Hodge, J., Sokoloff, M., and Franco, F.: *Am. Pract. & Digest Treat.* 10:473 (March) 1959. 4. Burros, H.M., and Borromeo, V.H.J.: *J. Urol.* 76:456 (Oct.) 1956. 5. Lane, R.A.: *New York J. Med.* 55:2343 (Aug. 15) 1955. 6. Weston, D.T.: *Journal-Lancet* 76:7 (Jan.) 1956. 2/3005MB

For complete information about Doriden (including dosage, cautions, and side effects), see the current Physicians' Desk Reference or write CIBA, Summit, N.J.

Doriden[®] C I B A Summit, N.J.
(glutethimide CIBA)



You get these results with help of Fostex

Acne lesions clear faster

Fostex is a more complete acne prescription because it contains 6 anti-acne agents . . . not just 1 or 2. These 6 agents, working together, provide essential actions necessary for local treatment of acne.

Fostex degreases, dries and peels and degerms acne skin. It helps remove blackheads, unblock pores, prevent pustules and scar-producing cysts, and rids the skin of bacteria. Fostex is easy to use. Instead of using soap, patients simply wash acne skin with Fostex Cream or Cake 2 to 3 times daily.

Only Fostex contains this unique combination of anti-acne agents: *Sebulytic*® (3 surface-active agents—sodium lauryl sulfoacetate, sodium alkyl aryl polyether sulfonate, sodium dioctyl sulfosuccinate), plus micropulverized sulfur 2%, salicylic acid 2% and hexachlorophene 1%. Supplied—Fostex Cake, bar form. Fostex Cream, 4.5 oz. jars. Also used as a therapeutic shampoo in dandruff and oily scalp which often accompanies acne.

WESTWOOD PHARMACEUTICALS • BUFFALO 13, NEW YORK

FOSTEX® treats pimples,
blackheads, acne
while patients wash

"How do
you feel
lately, Mrs. K?"

*"Well, Doctor, some customers still
get on my nerves... but somehow this doesn't bother me
as much... I feel better now and people seem easier to
get along with."* "Feel sleepy?" *"No, nothing like that."*

In the treatment of mild to moderate tension and anxiety, the normalizing effect of TREPIDONE leaves the patient emotionally stable, mentally alert. Adult dose: One 400 mg. tablet, four times daily. Supplied: Half-scored tablets, 400 mg., bottle of 50.

this could be your "anxiety patient" on

TREPIDONE
MEPHENOXALONE LEDERLE

Request complete information on indications, dosage, precautions and contraindications from your Lederle representative, or write to Medical Advisory Department.

LEDERLE LABORATORIES, A Division of AMERICAN CYANAMID COMPANY, Pearl River, New York



After 10 weeks of therapy— a clear skin, a new personality, a new world of fun and laughter

pHisoHex, used as a daily, exclusive wash, enhances any treatment for acne. Because it contains 3 per cent hexachlorophene, it supplies *continuous* antibacterial action to help combat the infection factor. pHisoHex cleanses better than soap because it is 40 per cent more surface-active.

Used together, pHisoHex and new keratolytic pHisoAc Cream provide basic complementary topical therapy for patients with acne—to unplug follicles and to help prevent comedones, pustules and scarring.

New pHisoAc Cream dries, peels and helps degerm the skin; flesh-toned, it tends to hide acne lesions as they heal.

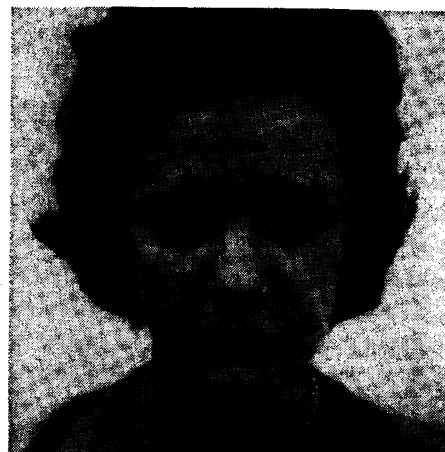
pHisoHex, in unbreakable squeeze bottles of 5 oz. and new plastic bottles of 1 pint; pHisoAc in 1½ oz. tubes.

pHisoHex and pHisoAc, trademarks reg. U. S. Pat. Off.

Winthrop LABORATORIES
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For Acne—**pHisoHex®** and **pHisoAc® Cream**
antibacterial, nonalkaline, nonirritating,
hypoallergenic detergent keratolytic

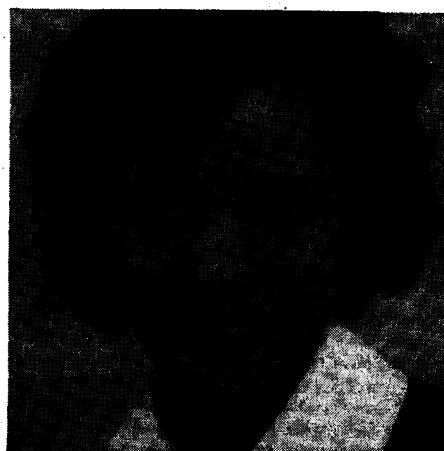
CLINICAL PHOTOGRAPHS



Acne vulgaris before treatment

For treatment at home, this patient washed her face daily with pHisoHex and kept pHisoAc on her face twenty-four hours a day.

Nine office treatments consisted of mechanical removal of blackheads and applications of carbon dioxide slush. No other medication was given.



After 10 weeks of therapy

(Coloidal sulfur 6 per cent, resorcinol 1.5 per cent, and hexachlorophene 0.3 per cent)

Terramycin[®]

BRAND OF OXYTETRACYCLINE

Continuing to grow in clinical stature



Continuing to grow in clinical stature

Recent medical literature¹⁻²⁷—adding to an already massive bibliography—continues to document the effectiveness of well-tolerated Terramycin in pediatric, respiratory, and other

infections. Recent bibliography: 1. A.M.A. Council on Drugs, New and Nonofficial Drugs 1961, Philadelphia, Lippincott, 1961, pp. 142-147. 2. Beckman, H.: The Year Book of Drug Therapy, Chicago, Yr. Bk. Pub., 1961, p. 271. 3. Eastman, N. J., and Hellman, L. M.: Williams Obstetrics, ed. 12, New York, Appleton-Century-Crofts, 1961, pp. 845-1035. 4. Keefer, C. S., in Modell, W.: Drugs of Choice 1960-1961, St. Louis, Mosby, 1960, pp. 141, 146, 147. 5. Huang, N. N.: J. Pediat. 59:512, 1961. 6. Smith, R. C. F.: Brit. J. Clin. Practice 15:345, 1961. 7. Asay, L. D., and Koch, R.: New England J. Med. 262:1062, 1960. 8. Berry, D. G., et al.: Lancet 1:137, 1960. 9. Osol, A., et al.: The Dispensatory of the United States of America, ed. 25, Philadelphia, Lippincott, 1960, pp. 953, 1556. 10. Adams, A. R. D.: Brit. M. J. 1:1639, 1960. 11. Jung, R. C., and Carrera, G. M.: Dis. Colon & Rectum 3:313, 1960. 12. De Lamater, J. N.: Am. J. Gastroenterol. 34:130, 1960. 13. Stewart, W. H., et al., in Kelley, V. C.: Brennenman-McQuarrie-Kelley Practice of Pediatrics, Maryland, Prior, 1960, vol. II, chap. 5, p. 19. 14. Wellman, W. E., and Herrell, W. E., in Kelley, V. C.: Brennenman-McQuarrie-Kelley Practice of Pediatrics, Maryland, Prior, 1960, vol. I, chap. 44, p. 13. 15. Wenckert, A., and Robertson, B.: Acta chir. scandinav. 120:79, 1960. 16. Alstead, S.: Dilling's Clinical Pharmacology, ed. 20, London, Cassell, 1960, p. 462. 17. Grover, F. W.: Texas J. Med. 57:355, 1961. 18. Gardiner, W. P., and Gomila, R. R., Jr.: Scientific Exhibit, Venereal Disease Seminar, U. S. Public Health Service, Feb. 28-Mar. 3, 1961. 19. Jacques, A. A., and Fuchs, V. H.: J. Louisiana M. Soc. 113:200, 1961. 20. Nathan, L. A.: Scientific Exhibit, 15th Clinical Meet., A.M.A., Denver, Col., Nov. 26-30, 1961. 21. Ullman, A.: Delaware M. J. 32:97, 1960. 22. Lamphier, T. A.: Scientific Exhibit, New York State M. Soc. Meet., New York, May 7-13, 1960. 23. Freier, A.: Paper presented at Michigan Soc. Obst. & Gynec., Detroit, May 3, 1961. 24. Logan, K. M.: Scientific Exhibit, Ann. Meet., Ohio Acad. Gen. Practice, Cincinnati, Sept. 13-14, 1961. 25. Altemeier, W. A., and Wulsin, J. H. (A.M.A. Council on Drugs Report): J.A.M.A. 173:527, 1960. 26. Krol, W. J.: J. Abdom. Surg. 3:78, 1961. 27. Potempa, J.: Med. Klin. 56:352, 1961.

In Brief

The dependability of Terramycin in daily practice is based on its broad range of antimicrobial effectiveness, excellent toleration, and low order of toxicity. As with other broad-spectrum antibiotics, overgrowth of nonsusceptible organisms may develop. If this occurs, discontinue the medication and institute appropriate specific therapy as indicated by susceptibility testing. Glossitis and allergic reactions to Terramycin are rare. Aluminum hydroxide gel may decrease antibiotic absorption and is contraindicated. For complete dosage, administration, and precaution information, read package insert before using.

More detailed professional information available on request.

Terramycin®
OXYTETRACYCLINE WITH GLUCOSAMINE
PEDIATRIC DROPS SYRUP
5 mg./drop (100 mg./cc.) 125 mg./tsp. (5 cc.)



Medrol... (methylprednisolone) a form for every use

MEDROL* TABLETS

2 mg. in bottles
of 30 and 100
4 mg. in bottles
of 30, 100 and 500
16 mg. in bottles of 50

SOLU- MEDROL* 40 mg. in 1 cc. Mix-O-Vial*

MEDROL MEDULES* 4 mg. in bottles of 30, 100 and 500 capsules 2 mg. in bottles of 30 and 100

DEPO- MEDROL* acetate 40 mg./cc. in 1 cc. and 5 cc. vials 20 mg./cc. in 5 cc. vials



**MEDROL
WITH ORTHOXINE***
TABLETS
in bottles of 30 and 100

**VERIDERM† MEDROL_{acetate}
AND
NEO-MEDROL*_{acetate}**
0.25% and 1%
in 5- and 20-Gm. tubes

MEDAPRIN* TABLETS
in bottles of 100 and 500

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The Upjohn Company, Kalamazoo, Michigan

Upjohn

when urinary
tract
infections
present
a therapeutic
challenge...

CHLOROMYCETIN®

(chloramphenicol, Parke-Davis)

Often recurrent...often resistant to treatment, urinary tract infections are among the most frequent and troublesome types of infections seen in clinical practice.^{1,2} In such infections, successful therapy is usually dependent on identification and susceptibility testing of invading organisms, administration of appropriate antibacterial agents, and correction of obstruction or other underlying pathology.

Of these agents, one author reports: "Chloramphenicol still has the widest and most effective activity range against infections of the urinary tract. It is particularly useful against the coliform group, certain *Proteus* species, the micrococci and the enterococci."¹ CHLOROMYCETIN is of particular value in the management of urinary tract infections caused by *Escherichia coli* and *Aerobacter aerogenes*.³ In addition to these clinical findings, the wide antibacterial range of CHLOROMYCETIN continues to be confirmed by recent *in vitro* studies.⁴⁻⁶

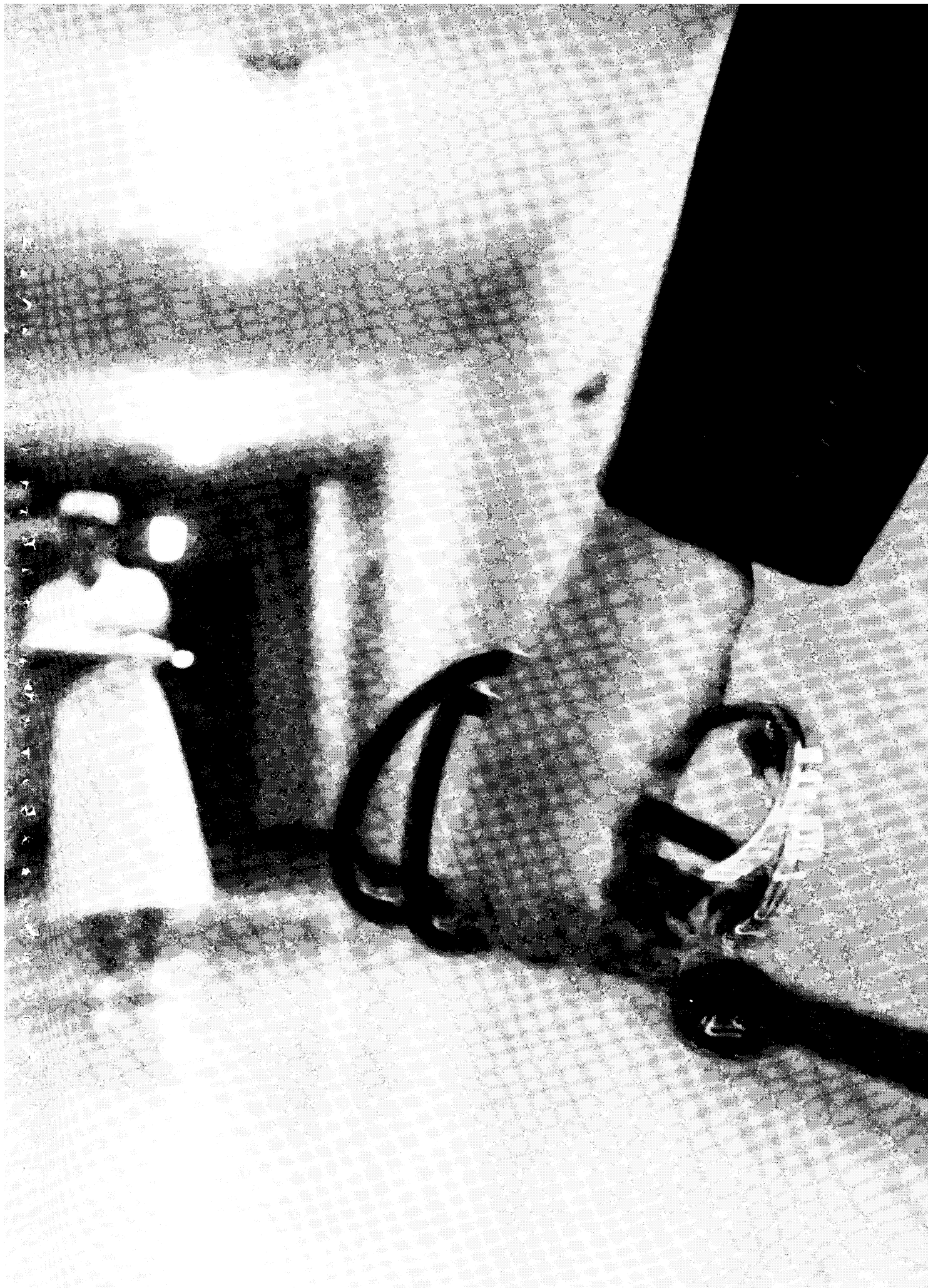
CHLOROMYCETIN (chloramphenicol, Parke-Davis) is available in various forms, including Kapeals® of 250 mg., in bottles of 16 and 100. See package insert for details of administration and dosage.

Warning: Serious and even fatal blood dyscrasias (aplastic anemia, hypoplastic anemia, thrombocytopenia, granulocytopenia) are known to occur after the administration of chloramphenicol. Blood dyscrasias have occurred after both short-term and prolonged therapy with this drug. Bearing in mind the possibility that such reactions may occur, chloramphenicol should be used only for serious infections caused by organisms which are susceptible to its antibacterial effects. Chloramphenicol should not be used when other less potentially dangerous agents will be effective, or in the treatment of trivial infections, such as colds, influenza, or viral infections of the throat, or as a prophylactic agent. **Precautions:** It is essential that adequate blood studies be made during treatment with the drug. While blood studies may detect early peripheral blood changes, such as leukopenia or granulocytopenia, before they become irreversible, such studies cannot be relied upon to detect bone marrow depression prior to development of aplastic anemia.

References: (1) Malone, F. J., Jr.: *MJ. Med.* 125:836, 1960. (2) Martin, W. J.; Nichols, D. R., & Cook, E. N.: *Proc. Stat. Meet. Mayo Clin.* 54:187, 1959. (3) Ullman, A.: *Delaware M. J.* 32:97, 1960. (4) Petersdorf, R. G.; Hook, E. W.; Curtin, J. A., & Grossberg, S. E.: *Bull. Johns Hopkins Hosp.* 108:48, 1961. (5) Jolliff, C. R.; Engelhard, W. E.; Ohlsen, J. R.; Heidrick, P. J., & Cain, J. A.: *Antibiotics & Chemother.* 10:694, 1960. (6) Lind, H. E.: *Am. J. Proctol.* 11:392, 1960.

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NOW a truly definitive answer
to an ever-present problem

Tassette

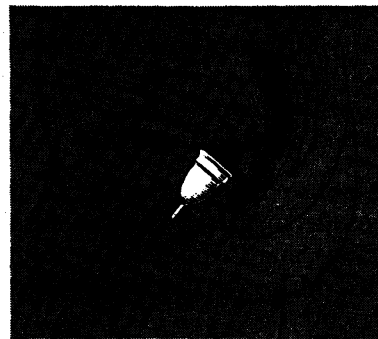
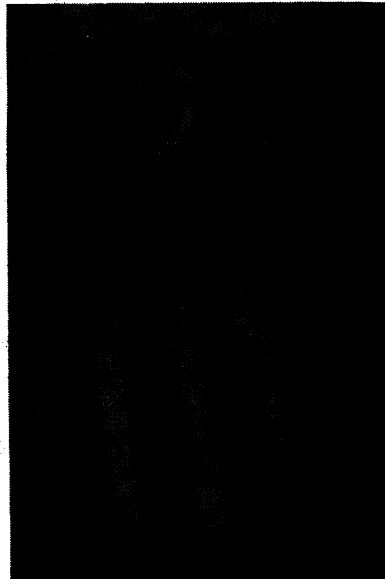
the safe and sanitary
menstrual cup

You can prescribe Tassette with full assurance that your patient will find a safe, effective and completely acceptable answer to her menstrual control problem. *Tassette*, made of soft pliable rubber fits anatomically at the mid point of the vaginal wall and acts as a catch basin for the menstrual flow (see anatomical drawing). It is easily folded, needs no inserter, and can be simply emptied and replaced as needed. Tassette requires no measurements or fitting, and can be worn with complete comfort at all times.

Tassette permits your patient to swim, dance and engage in any activity because it catches the flow and seals it off completely. Thus there is no odor or possibility of leakage or staining as may occur during periods of heavy flow when tampons are used. There is no danger of chafing, irritation or infection, and no belt is required, as with ordinary sanitary napkins.

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Modern internal menstrual control is now accepted by the medical profession and Tassette is widely recommended by gynecologists in place of sanitary napkins and tampons. In order to acquaint you with Tassette this special offer is made: Send \$3.50 (reg. price \$4.95) for one Tassette with complete directions, postage prepaid. Tassette guarantees satisfactory use for two years or your money back.



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Calms the Tense, Nervous Patient in anxiety and depression

The outstanding effectiveness and safety with which Miltown calms tension and nervousness has been clinically authenticated by thousands of physicians during the past six years. This, undoubtedly, is one reason why meprobamate is still the most widely prescribed tranquilizer in the world.

Its response is predictable. It will not produce unpleasant surprises for either the patient or the physician. Small wonder that many physicians have awarded Miltown the status of a proven, dependable friend.

Miltown®

meprobamate (Wallace)

Usual dosage: One or two 400 mg. tablets t.i.d.

Supplied: 400 mg. scored tablets, 200 mg. sugar-coated tablets; bottles of 50. Also as MEPROTABS®—400 mg. unmarked, coated tablets; and in sustained-release capsules as MEPROSPAN®-400 and MEPROSPAN®-200 (containing respectively 400 mg. and 200 mg. meprobamate).



WALLACE LABORATORIES
Cranbury, N. J.

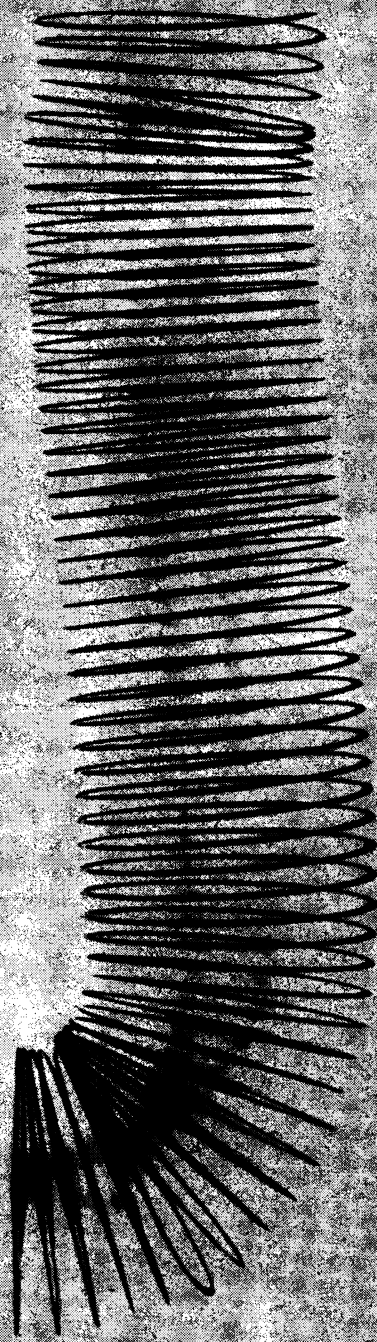
Clinically proven
in over 750
published studies

- 1 Acts dependably —
without causing ataxia or
altering sexual function
- 2 Does not produce
Parkinson-like symptoms,
liver damage or
agranulocytosis
- 3 Does not muddle
the mind or affect
normal behavior

OH-8642

AN AMES CLINIQUICK®
CLINICAL BRIEFS FOR MODERN PRACTICE

the diabetic with proteinuria!



Protein in the diabetic patient's urine is usually cause for concern to the physician. He begins to think in terms of renal damage. This generally calls for a re-evaluation of the patient's diabetic state; in particular, his degree of diabetic control. Loss of control is a major factor in the development of degenerative nephropathy.

However, in the diabetic patient, proteinuria also may be indicative of disorders unrelated to the diabetic state. *Postrenal* disturbances such as lithiasis, cystitis, pyelitis, bilharziasis or prostatic impairment may produce protein in the urine. *Renal* proteinuria may be due to predisposing factors such as abscess, carbuncle or gangrene. These are usually of a transitory nature. When diabetes is the only apparent contributing factor to the presence of persistent proteinuria ("diabetic proteinuria"), renal damage associated with degenerative diabetic nephropathy is usually indicated.*

*Nagy, El Mahallawy, M., and Sabour, M. S.: J.A.M.A. 173:1783 (Aug. 20) 1960.

One of the simplest and most reliable means of evaluating the diabetic is through daily urine testing with URISTIX® for both *glucose* and *protein*—to indicate diabetic control, and forewarn of possible renal damage. Following a simple "dip-and-read" technique, URISTIX provides these two important test results in just ten seconds. Thus, it eliminates delay, guesswork, and fussing with equipment, making it equally valuable for office diagnosis or home testing.

to facilitate diabetic evaluation...

URISTIX®

Reagent Strips

colorimetric "dip-and-read" combination test for both
proteinuria and *glucosuria*

- 1 dip... 10 seconds... 2 readings
- standardized color chart for dependable estimations
- unaffected by turbidity, drug metabolites, non-glucose reducing substances

available: Uristix Reagent Strips, bottles of 125





THERAPEUTIC INDEX

"Thiosulfil" Forte ^{0.5 Gm. Tablet}

BRAND OF SULFAMETHIZOLE

"THIOSULFIL" has been found effective against the following urinary pathogens: *Proteus vulgaris*, *Pseudomonas aeruginosa*, *Escherichia coli*, *Streptococcus fecalis*, *Escherichia intermedium*, and *Aerobacter aerogenes*. In individual cases, sensitivity of the organisms may vary. Sensitivity tests, preferably by the tube dilution method, should be done first, for guidance as to alternate therapy in case "THIOSULFIL" FORTE does not control the infection.

INDICATIONS: Treatment of cystitis, urethritis, pyelitis, pyelonephritis, and prostatitis due to bacterial infection amenable to sulfonamide therapy; prior to and following genitourinary surgery and instrumentation; prophylactically, in patients with indwelling catheters, ureterostomies, urinary stasis, and cord bladders.

SUGGESTED RANGE OF DOSAGE: Adults: 1 or 2 tablets (0.5 Gm.-1.0 Gm.) three or four times daily.

WARNING: Due to the high solubility in body fluids of "THIOSULFIL" and its acetyl form, the hazards of renal tubule obstruction are minimized. The usual precautions exercised with sulfa drugs generally should, however, be observed. In those rare instances where exanthemata, urticaria, nausea, emesis, fever or hematuria, are encountered, administration should be discontinued.

CONTRAINDICATION: A history of sulfonamide sensitivity.

SUPPLIED: NO. 786—"THIOSULFIL" FORTE—Each tablet contains sulfamethizole 0.5 Gm. (scored), in bottles of 100 and 1,000.

ALSO AVAILABLE—NO. 785: "THIOSULFIL"—Each tablet contains sulfamethizole 0.25 Gm. (scored), in bottles of 100 and 1,000. **No. 914—"THIOSULFIL" Suspension**—Each 5 cc. (teaspoonful) contains sulfamethizole 0.25 Gm., in bottles of 4 and 16 fluidounces.

SUGGESTED DOSAGES: Adults: 0.5 Gm. four times daily. Infants: (Up to 20 lb.) 25 to 30 mg. per pound per day in four divided doses. Children: (20 to 50 lb.) up to 150 mg. four times daily; (50 to 75 lb.) up to 300 mg. four times daily; (over 75 lb.) adult dose.

WHEN ANALGESIA IS DESIRED

"THIOSULFIL"-A FORTE NO. 783:

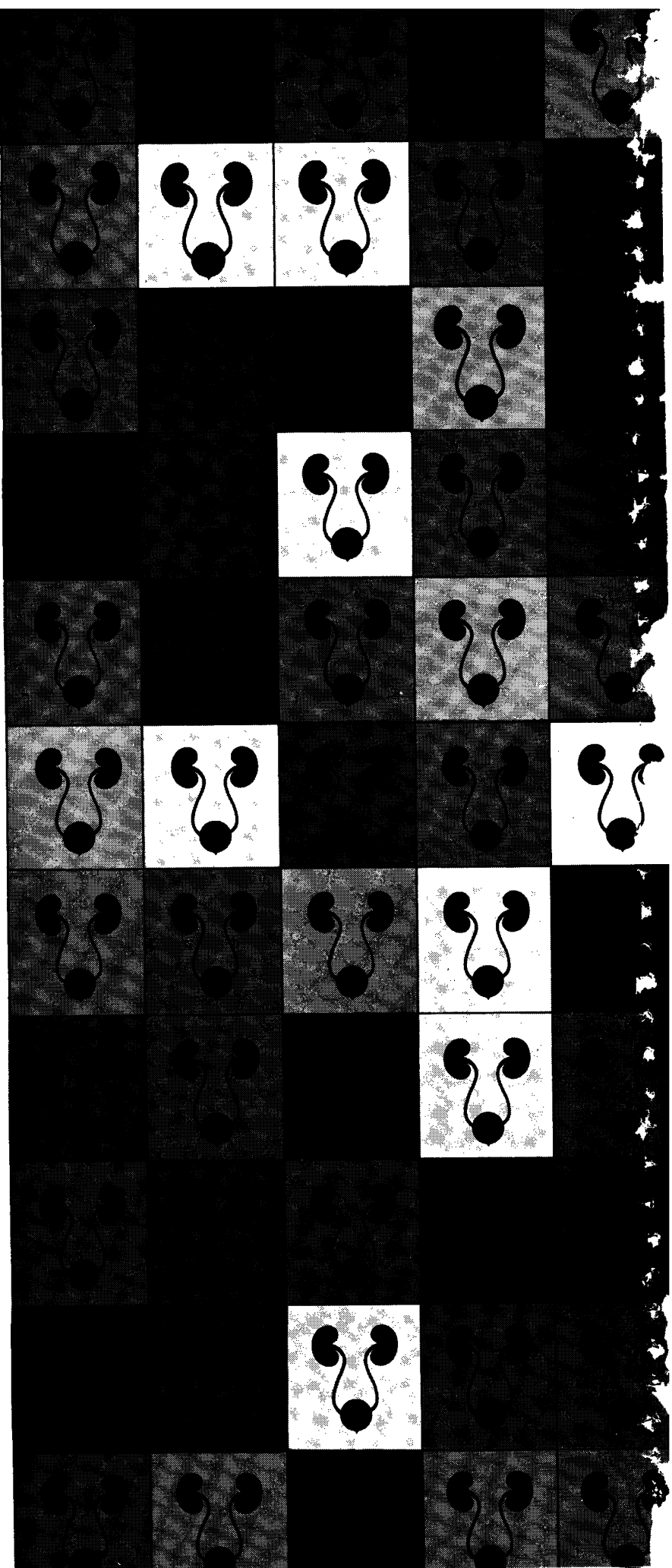
Each tablet contains sulfamethizole 0.5 Gm., and phenylazo-diamino-pyridine HCl 50.0 mg., in bottles of 100 and 1,000.

CONTRAINDICATIONS: (1) a history of sulfonamide sensitivity and (2) due to the phenylazo-diamino-pyridine HCl component, renal and hepatic failure, glomerulonephritis, and pyelonephritis of pregnancy with gastrointestinal disturbances.

USUAL DOSAGE: Adults: 2 tablets, four times daily. Children (9 to 12 years): 1 tablet, four times daily.

ALSO AVAILABLE: NO. 784 "THIOSULFIL"—A—Each tablet contains sulfamethizole 0.25 Gm., and phenylazo-diamino-pyridine HCl 50.0 mg., in bottles of 100 and 1,000. **USUAL DOSAGE:** Adults: 2 tablets, four times daily. Children (9 to 12 years): 1 tablet, four times daily.

For references, see opposite page.



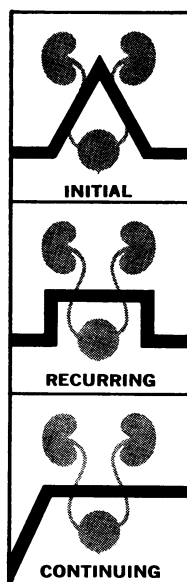
SAFELY MANAGES ALL EPISODES OF URINARY TRACT INFECTION

“Thiosulfil”[®] Forte 0.5 Gm. Tablet (BRAND OF SULFAMETHIZOLE)

THE ONE SULFONAMIDE THAT OFFERS

- Maximum urinary concentration of active, free sulfa at site of infection
- Rapid clearance (noncumulative)
- Rare incidence of side effects
- High degree of clinical effectiveness

“Thiosulfil” dosage schedules reported in the literature.



INITIAL EPISODE (Acute Infection) 3 Gm./day¹

Based on 7 years' clinical experience in treating 3,057 cases of upper and lower urinary tract infection, Bourque¹ found 3 Gm./day for 2 weeks (the average dosage employed in 97 per cent of patients) effective in most cases.

RECURRING EPISODE (Flare-up) 3 Gm./day¹

Same dosage as above. When longer therapy is required as in cases where there is stasis due to obstruction, administration may be continued at a lower dosage range.

CONTINUING EPISODE (Stasis/Obstruction) 2 Gm./day^{2,3} 0.5 Gm./day⁴

Where infection remains latent due to causes which cannot be eliminated as in paraplegia, patients have been maintained symptom-free on dosage regimens ranging from 2 Gm. to 0.5 Gm./day. After initial control of acute symptoms, therapy may be continued indefinitely on a low dosage basis to guard against recurrence and prevent ascending infection. Many cases can be controlled with as little as 0.5 Gm./day.

SUPPLIED: No. 786 — “Thiosulfil” Forte — Each tablet contains sulfamethizole 0.5 Gm. (scored), in bottles of 100 and 1,000.

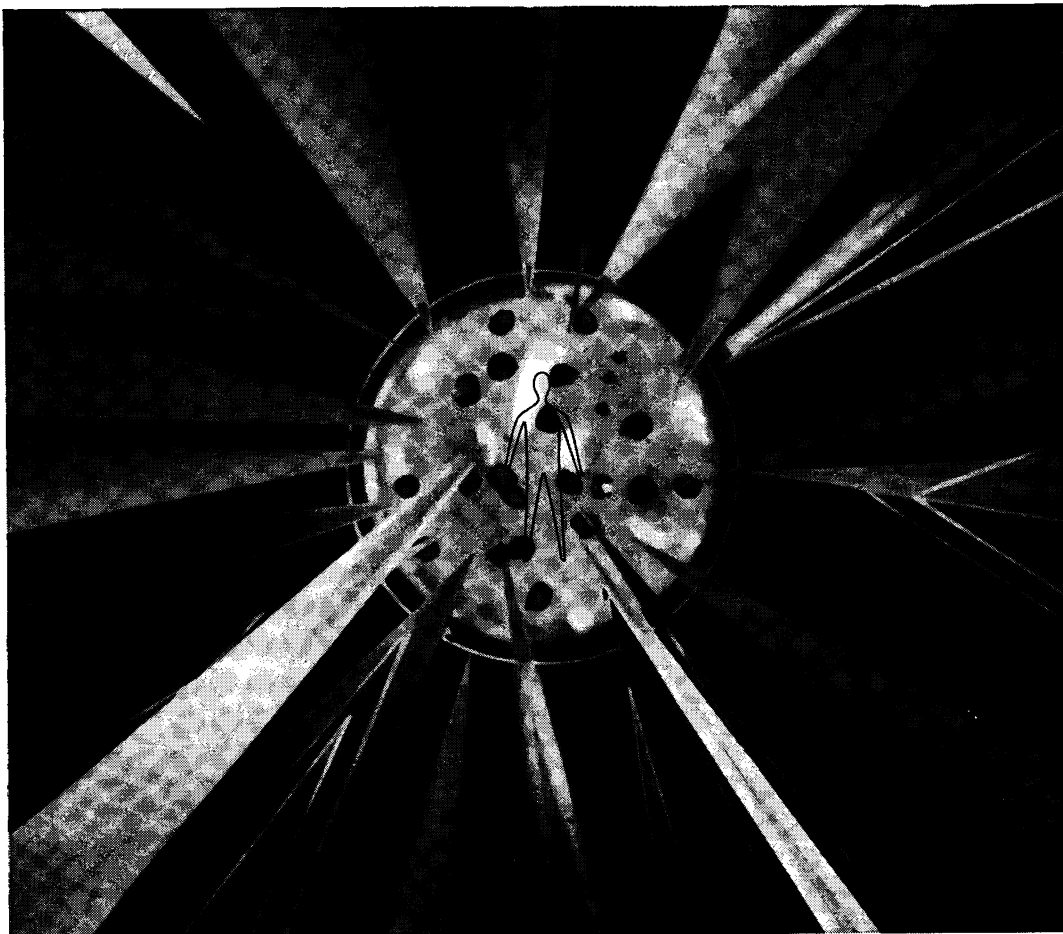
ALSO AVAILABLE—In urinary tract infection—to alleviate pain and control the infection: No. 783 — “**THIOSULFIL**”[®]-A **FORTE** combines the sulfonamide specific for urinary tract infection with a potent analgesic for prompt, soothing relief of local discomfort. Each tablet contains sulfamethizole 0.5 Gm. and phenylazo-diamino-pyridine HCl 50 mg., in bottles of 100 and 1,000 tablets.

References: 1. Bourque, J.-P., and Gauthier, G.-E.: L'Union Medicale 89:640 (May) 1960. 2. Cottrell, T. L. C., Rolnick, D., and Lloyd, F. A.: Rocky Mountain M. J. 56:66 (Mar.) 1959. 3. Bourque, J.-P., and Joyal, J.: Canad. M.A.J. 68:337 (Apr.) 1953. 4. Hughes, J., Coppridge, W. M., and Roberts, L. C.: North Carolina M. J. 17:320 (July) 1956.



Ayerst Laboratories

New York, N. Y. • Montreal, Canada



Why do we say Mysteclin-F is decisive in infection?

because...it contains phosphate-potentiated tetracycline
for prompt, dependable broad spectrum antibacterial action.

because...it contains Fungizone, the antifungal antibiotic,
to prevent monilial overgrowth in the gastrointestinal tract.

Mysteclin-F resolves many respiratory, genitourinary and gastrointestinal infections—as well as such other conditions as cellulitis, bacterial endocarditis, furunculosis, otitis media, peritonitis, and septicemia. It combats a truly wide range of pathogenic organisms: gram-positive and gram-negative bacteria, spirochetes, rickettsias, viruses of the psittacosis-lymphogranuloma-trachoma group.

Available as: Mysteclin-F Capsules (250 mg./50 mg.) Mysteclin-F Half Strength Capsules (125 mg./25 mg.) Mysteclin-F for Syrup (125 mg./25 mg. per 5 cc.) Mysteclin-F for Aqueous Drops (100 mg./20 mg. per cc.)
'Mysteclin'®, 'Sumycin'® and 'Fungizone'® are Squibb trademarks.

Mysteclin-F

Squibb Phosphate-Potentiated Tetracycline (sumycin) plus Amphotericin B (fungizone)

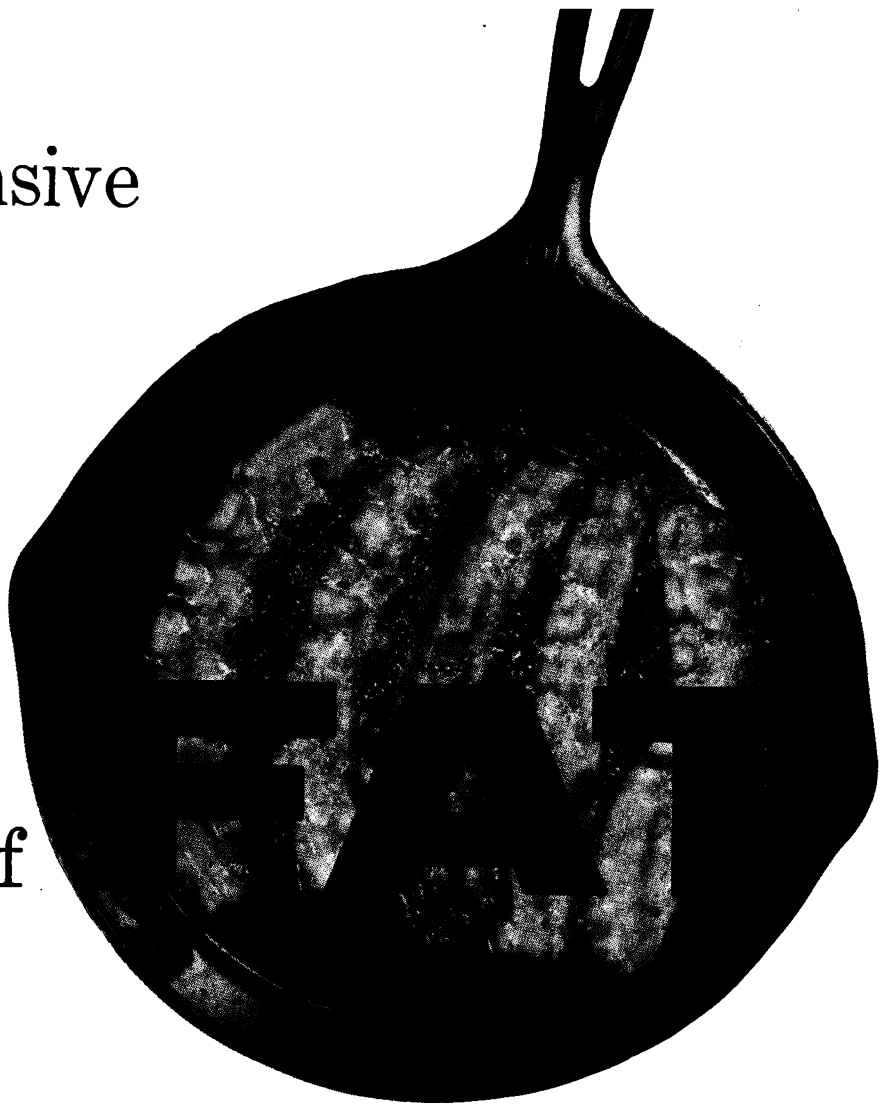
For full information,
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Product Reference
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SQUIBB



*Squibb Quality—
the Priceless Ingredient*

NEW
comprehensive
digestant
with the
most
potent
enzyme
available
for
digestion of



—also unsurpassed potency for digestion of starch, protein and cellulose

- the *only* digestant with Lipancreatin,* proven superior to Pancreatin N.F.
- the *only* digestant with fat-splitting lipase activity 12 times as great as that of Pancreatin N.F.

When the question is digestion because of your patient's inability to handle fat, starch, protein or cellulose, you can provide dependable relief with COTAZYM-B, which contains the essential pancreatic enzymes lipase, trypsin and amylase, plus bile salts and cellulase. A daily dose of 6 COTAZYM-B tablets is sufficient to emulsify and digest 50 Gm. of dietary fat, and to digest all of the protein and starch in a typical diet (100 Gm. protein, 250 Gm. starch) and 480 mg. cellulose.

Dosage: 1 or 2 tablets with water just before each meal.

Supply: Bottles of 48 tablets.

Write for samples and comprehensive literature.

NEW **Cotazym-B**
Lipancreatin Bile Salts Cellulase

ORGANON INC., West Orange, New Jersey



**The Significance of Lipancreatin (Pancreatic Enzymes Concentrated 'Organon')*

A product of original Organon research, lipancreatin provides for the first time in digestant preparations a known, constant amount of fat-digesting lipase in addition to trypsin and amylase. It surpasses in assayable digestive activity all presently available pancreatin preparations.

“The first prescription I ever wrote
was for ‘Empirin’ with Codeine...



and it is still my stand-by
for pain relief today.”

PICTURE THE YOUNG DOCTOR with his first private patient, about thirty-five years ago. This is the moment, after years of study and guidance in classroom and at hospital bedside, when he assumes the full weight of responsibility for the well-being of his patient. He makes his diagnosis. The patient is in considerable pain, and his first concern is to relieve this discomfort. He writes a prescription for a new analgesic, a convenient drug combination that he believes will be of help. This patient (and many others to follow) finds gratifying relief, and the physician continues to rely upon this medication as the years go by.

Could this have been you in the 1920's? That was when 'Empirin' Compound with Codeine first came into general use (although plain 'Empirin' Compound has been well-known since the influenza epidemic of 1918). Satisfaction through the years has prompted doctors everywhere to depend on 'Empirin' with Codeine for relief of most all degrees of pain. For with this well-tolerated, reliable analgesic combination you can be sure of results, and feel secure in the fact that the liability of addiction is negligible.

Please accept our thanks for continuing to place your trust in a product that has been used more widely in medicine each year for the past four decades.

'EMPIRIN' COMPOUND with CODEINE PHOSPHATE*

Acetophenetidin, gr. 2½

Acetylsalicylic Acid, gr. 3½

Caffeine, gr. ½

*Remember there are now
four strengths available...*

*Warning—May be habit-forming.
Subject to Federal Narcotic Regulations.

No. 1 — gr. ⅙

No. 2 — gr. ¼

No. 3 — gr. ½

No. 4 — gr. 1



BURROUGHS WELLCOME & CO. (U.S.A.) INC., Tuckahoe, N. Y.



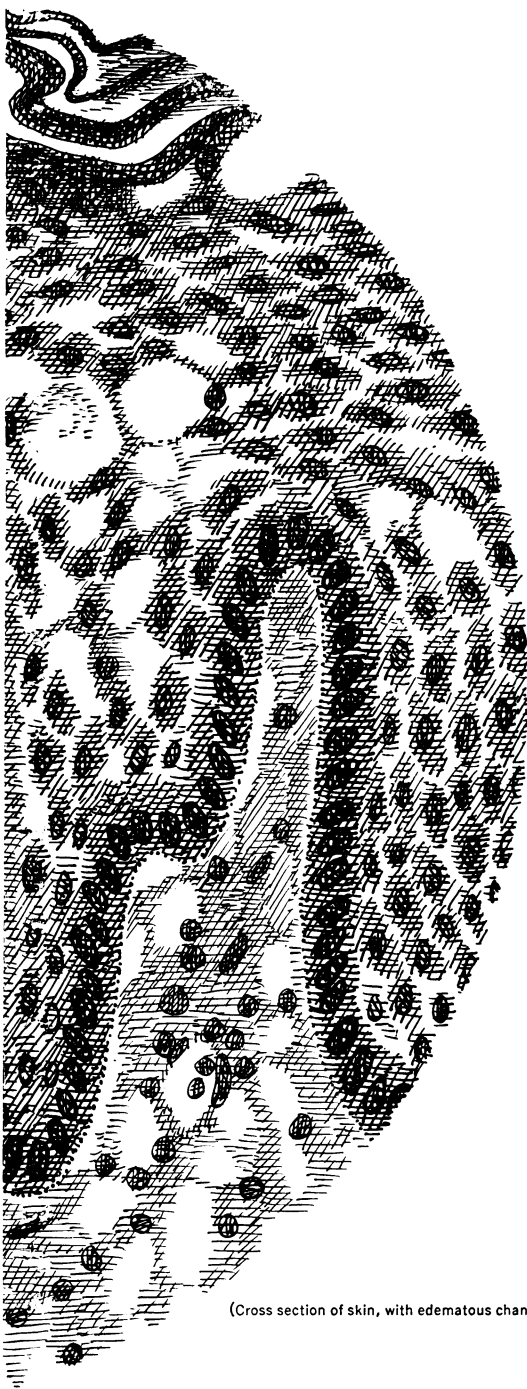
because patients are more than inflamed skin...
controlling inflammatory symptoms is frequently not enough!

Even cortisone, with its severe hormonal reactions, can effectively control allergic inflammatory symptoms in dermatoses. But a patient is more than the sum of his parts — and the skin is only part of a whole patient. Symptomatic control is but one aspect of modern corticotherapy, because what is good for the symptom may also be bad for the patient.

*Unsurpassed "General Purpose" and "Special Purpose" Corticosteroid...
Outstanding for Short- and Long-term Therapy*

Aristocort®

Triamcinolone Lederle



(Cross section of skin, with edematous changes including vacuolization)

ARISTOCORT is an outstanding "special purpose" steroid when the complicating problem is increased appetite and weight gain, sodium retention and edema, cardiac disease, hypertension or emotional disturbance and insomnia.

ARISTOCORT provides unsurpassed anti-inflammatory control without sodium retention or edema — without undesirable psychic stimulation and voracious appetite.

Supplied: Scored tablets (three strengths), syrup, parenteral and various topical forms. Request complete information on indications, dosage, precautions and contraindications from your Lederle representative, or write to Medical Advisory Department.

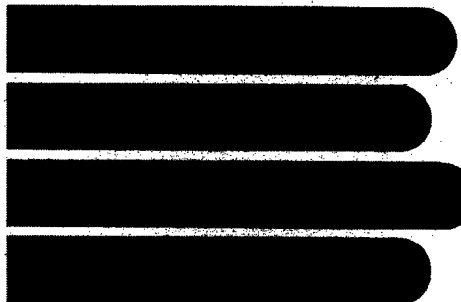


LEDERLE LABORATORIES • A Division of AMERICAN CYANAMID COMPANY • Pearl River, New York

when your tongue blade points to respiratory infection Ilosone® works to speed recovery

Through the years, Ilosone has built an impressive record as an effective antibiotic in common bacterial respiratory infections. Numerous published clinical studies attest to excellent therapeutic response with Ilosone. Decisive recovery has become a matter of record.

Efficacy of propionyl erythromycin and its lauryl sulfate salt in 803 patients with common bacterial respiratory infections



Tonsillitis*

Acute Streptococcus
Pharyngitis*

Bronchitis* (Bacterial Complications)

Pneumonia*

*References supplied on request.

The usual dosage for infants and for children under twenty-five pounds is 5 mg. per pound every six hours; for children twenty-five to fifty pounds, 125 mg. every six hours.

For adults and for children over fifty pounds, the usual dosage is 250 mg. every six hours.

In more severe or deep-seated infections, these dosages may be doubled.

Ilosone is available in three convenient forms: Pulvules®—125 and 250 mg.†; Oral Suspension—125 mg.† per 5-cc. teaspoonful; and Drops—5 mg.† per drop, with dropper calibrated at 25 and 50 mg.

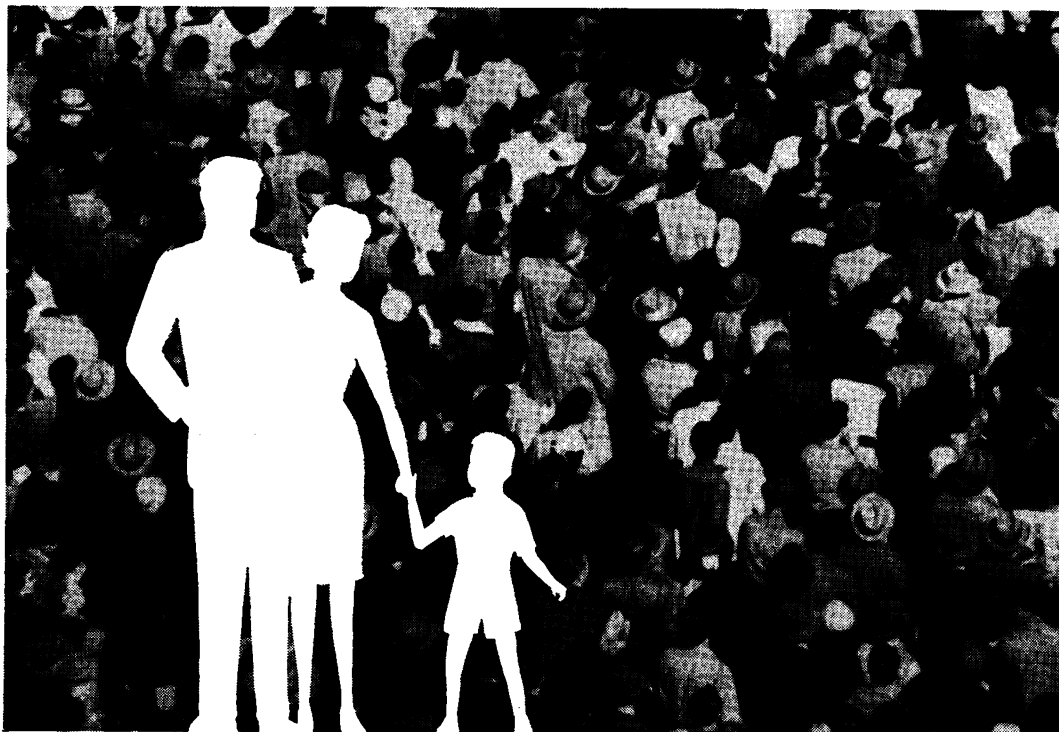
Product brochure available; write
Eli Lilly and Company, Indianapolis 6, Indiana

†Base equivalent
Ilosone® (erythromycin estolate, Lilly)
(propionyl erythromycin ester lauryl sulfate)

232534



This is a reminder advertisement. For adequate information for use, please consult manufacturer's literature.



LOMOTIL®

(brand of diphenoxylate hydrochloride with atropine sulfate)

- * lowers motility
- * **controls diarrhea**

Lomotil brings prompt symptomatic control in diarrhea, either acute or chronic.

Both pharmacologic and clinical evidence indicate that Lomotil selectively lowers the propulsive component of gastrointestinal motility without relaxing intestinal sphincters. So efficient is this action that studies in mice have shown Lomotil to be effectively antidiarrheal in one-eleventh the dosage of morphine.

Such striking antidiarrheal activity strongly suggests that Lomotil is the drug of first choice for prompt and positive control of diarrhea.

Dosage: The recommended initial dosage for adults is two tablets (2.5 mg. each) three or four times daily, reduced to meet the requirements of each patient as soon as the diarrhea is under control. Maintenance dosage may be as low as two tablets daily. Lomotil is supplied as unscored, uncoated white tablets of 2.5 mg., each containing 0.025 mg. of atropine sulfate to discourage deliberate overdosage. Recommended dosage schedules should not be exceeded.

An exempt preparation under Federal Narcotic Law.

Descriptive literature and directions for use available in Physicians' Product Brochure No. 81 from G. D. Searle & Co., P.O. Box 5110, Chicago 80, Illinois.

G. D. SEARLE & CO.
CHICAGO 80, ILLINOIS
Research in the Service of Medicine



Emotional control regained . . . a family restored . . . thanks to a physician and 'Thorazine'

During the past seven years, 'Thorazine' has become the treatment of choice for moderate to severe mental and emotional disturbances, because it is:

- specific enough to relieve underlying fear and apprehension
- profound enough to control hyperactivity and excitement
- flexible enough so that in severe cases dosage may be raised to two or three times the recommended starting level

Experience in over 14,000,000 Americans confirms the reassuring fact that, in most

patients, the potential benefits of 'Thorazine' far outweigh its possible undesirable effects.

Of special value in mental and emotional disturbances: Tablets for initial therapy; Injection (Ampuls and Vials) for prompt control; Spansule® sustained release capsules for all-day or all-night therapy with a single oral dose.

Thorazine® brand of chlorpromazine
a fundamental drug in both
office and hospital practice
Smith Kline & French Laboratories



posed by professional models

'THORAZINE' PRESCRIBING INFORMATION

Because of its pronounced calming effect, 'Thorazine' is an outstanding agent for patients with mental and emotional disturbances, particularly those with symptoms of agitation and hyperactivity. In severe cases, initial use of intramuscular administration may be desirable to control symptoms promptly.

Before prescribing 'Thorazine' for other indications than those given below, the physician should be familiar with the dosage, side effects, cautions and contraindications for such uses. This information is available in the *Thorazine® Reference Manual and Physicians' Desk Reference*, and from your SKF representative or your pharmacist.

ADMINISTRATION AND DOSAGE

Dosage should always be adjusted to the response of the individual and according to the severity of the condition. It is important to increase dosage until symptoms are controlled or side effects become troublesome. In emaciated or senile patients, dosage increases should be made more gradually than in other patients.

ADULT DOSAGE

Mental and Emotional Disturbances (e.g., agitation, excitement, or anxiety)—*Starting oral dosage* is 10 mg. t.i.d. or q.i.d., or 25 mg. b.i.d. After a day or two, dosage may be increased by increments of 20 mg. to 50 mg. daily, at semiweekly intervals, until maximum clinical response is achieved. Continue dosage at this level for at least two weeks; then it can usually be reduced to a maintenance level. A daily dosage of 200 mg. is "average," but some patients may require substantially higher dosages. Discharged mental patients, for example, may require daily dosages as high as 800 mg. *Starting intramuscular dosage* is 25 mg. (1 cc.). If necessary, and if no hypotension occurs, repeat the initial dose in one hour. Subsequent dosages should be oral, starting at 25 mg. to 50 mg. t.i.d.

Alcoholism—Severely agitated patients: *Starting intramuscular dosage* is 25 mg. to 50 mg. (1-2 cc.). Repeat initial dose if necessary and if no hypotension occurs. Start subsequent oral dosages at 25 mg. to 50 mg. t.i.d. **Agitated but manageable patients:** *Starting oral dosage* is 50 mg., followed by 25 mg. to 50 mg. t.i.d. For ambulatory patients with withdrawal symptoms or sober chronic alcoholics, *starting oral dosage* is 10 mg. t.i.d. or q.i.d., or 25 mg. b.i.d. or t.i.d. Patients in a stuporous condition should be allowed to sleep off some of the effects of the alcohol before 'Thorazine' is administered.

CHILDREN'S DOSAGE

For Behavior Disorders—Oral dosage is on the basis of ¼ mg./lb. of body weight q4-6h, until symptoms are controlled (i.e., for 40 lb. child—10 mg. q4-6h). **Rectal dosage** is on the basis of ½ mg./lb. of body weight q6-8h, p.r.n. (i.e., for 20-30 lb. child—half of a 25 mg. suppository q6-8h). **Intramuscular dosage** is on the basis of ¼ mg./lb. of body weight q6-8h, p.r.n. In children up to 5 years (or 50 lbs.)—not over 40 mg./day; in children 5-12 years (or 50-100 lbs.)—not over 75 mg./day except in extreme unmanageable cases. In severe cases, higher dosages than those recommended above may be necessary. In such cases, 50-100 mg. daily has been used and, in older children, as much as 200 mg. daily or more may be required.

IMPORTANT NOTES ON INJECTION

Except for acute ambulatory cases, parenteral administration should generally be reserved for bedfast patients. Parenteral administration should always be made with the patient lying down and remaining so for at least ½ hour afterward because of possible hypotensive effects. The injection should be given *slowly, deep* into the upper outer quadrant of the buttock. If irritation and pain at the site of injection are problems, dilution of 'Thorazine' injection with physiologic saline solution or 2% procaine solution may be helpful. Subcutaneous administration is not advisable, and care should be taken to avoid injecting undiluted 'Thorazine' injection into a vein. Intravenous administration is recommended only for severe hiccups and surgery. 'Thorazine' injection should not be mixed with other agents in the syringe. Because contact dermatitis has been reported with 'Thorazine', nurses or others giving frequent injections should avoid getting the solution on hands or clothing. 'Thorazine' injection should be protected from light, since exposure may cause discoloration. Slight yellowish discoloration will not alter potency or efficacy. If markedly discolored, the solution should be discarded.

SIDE EFFECTS

The drowsiness caused by 'Thorazine' is usually mild to moderate and disappears after the first or second week of therapy. If, however, drowsiness is troublesome, it can usually be controlled by lowering the dosage or by administering small amounts of dextro amphetamine. Other side effects reported occasionally are dryness of the mouth, nasal congestion, some constipation, miosis in a few patients and, very rarely, mydriasis.

Mild fever (99°F.) may occur occasionally during the first days of therapy with large intramuscular doses.

Some patients have an increased appetite and gain weight, but usually reach a plateau beyond which they do not gain.

CAUTIONS

Jaundice: The over-all incidence of jaundice due to 'Thorazine' has been low—regardless of indication, dosage, or mode of administration. It appears to be related to duration of therapy. Few cases have occurred in less than one week or after six weeks. The jaundice that has occurred mimics the obstructive type, is without parenchymal damage, and is usually promptly reversible upon the withdrawal of 'Thorazine'. Although the mechanism is not clearly understood, most investigators conclude that it is a sensitivity reaction in susceptible individuals.

There is no conclusive evidence to indicate that pre-existing liver disease makes the patient more susceptible to jaundice. (Patients with known alcoholic cirrhosis have been treated with 'Thorazine' without further alteration of liver function.) Nevertheless, 'Thorazine' should be used with due consideration in a patient with liver disease. If a patient on 'Thorazine' suddenly develops fever with grippelike symptoms, his serum should be tested for increased bilirubin or his urine for the presence of bile. If any of these tests are positive, 'Thorazine' should be discontinued.

Because detailed liver function tests of 'Thorazine'-induced jaundice give a picture which mimics extrahepatic obstruction, exploratory

laparotomy should be withheld until sufficient studies confirm extrahepatic obstruction.

Agranulocytosis: Agranulocytosis, although rare, has been reported. Patients should be observed regularly and asked to report at once the sudden appearance of sore throat or other signs of infection. If white blood counts and differential smears give an indication of cellular depression, the drug should be discontinued, and antibiotic and other suitable therapy should be instituted.

Because most reported cases have occurred between the fourth and the tenth weeks of treatment, patients on prolonged therapy should be observed particularly during that period.

A moderate suppression of total white blood cells, sometimes observed in patients on 'Thorazine' therapy, is not an indication for discontinuing 'Thorazine' unless accompanied by other symptoms.

Potential: 'Thorazine' prolongs and intensifies the action of many central nervous system depressants such as anesthetics, barbiturates and narcotics. Consequently, it is advisable to stop administration of such depressants before initiating 'Thorazine' therapy. Later the depressant agents may be reinstated, starting with low doses, and increasing according to response. Approximately ¼ to ½ the usual dosage of such agents is required when they are given in combination with 'Thorazine'. (However, 'Thorazine' does not potentiate the anticonvulsant action of barbiturates. In patients who are receiving anticonvulsants, the dosage of these agents—including barbiturates—should not be reduced if 'Thorazine' is started. Rather, 'Thorazine' should be started at a very low dosage and increased, if necessary.)

Hypotensive Effect: Postural hypotension and simple tachycardia may be noted in some patients. In these patients, momentary fainting and some dizziness are characteristic and usually occur shortly after the first parenteral dose, occasionally after a subsequent parenteral dose—very rarely after the first oral dose. In most cases, prompt recovery is spontaneous and all symptoms disappear within ½ to 2 hours with no subsequent ill effects. Occasionally, however, this hypotensive effect may be more severe and prolonged, producing a shock-like condition.

In consideration of possible hypotensive effects, the patient should be kept under observation (preferably lying down) for some time after the initial parenteral dose. If, on rare occasions, hypotension does occur, it can ordinarily be controlled by placing the patient in a recumbent position with head lowered and legs raised. If a vasoconstrictor is required, 'Levophed' and 'Neo-Synephrine' are the most suitable. Other pressor agents, including epinephrine, are not recommended because phenothiazine derivatives may reverse the usual elevating action of these agents and cause a further lowering of blood pressure.

Antiemetic Effect: The antiemetic effect of 'Thorazine' may mask signs of overdosage of toxic drugs and may obscure diagnosis of conditions such as intestinal obstruction and brain tumor.

Dermatological Reactions: Dermatological reactions have been reported. Most have been of a mild urticarial type, suggesting allergic origin. Some appear to be due to photosensitivity, and patients on 'Thorazine' should avoid undue exposure to the summer sun.

Neuromuscular (Extrapyrimal) Reactions: With very high doses of 'Thorazine', as frequently used in psychiatric cases over long periods, a few patients have exhibited neuromuscular (extrapyramidal) reactions which closely resemble parkinsonism. Such symptoms are reversible and usually disappear within a short time after the dosage has been decreased or the drug temporarily withdrawn. These reactions can also be controlled by the concomitant administration of an anti-parkinsonism agent (see *Physicians' Desk Reference*). Depending on the severity of the symptoms, suitable supportive measures such as maintaining a clear airway and adequate hydration should be employed. When 'Thorazine' is reinstated, it should be at a lower dosage.

Lactation: Moderate engorgement of the breast with lactation has been observed in female patients receiving very large doses of 'Thorazine'. This is a transitory condition which disappears on reduction of dosage or withdrawal of the drug.

CONTRAINDICATIONS

'Thorazine' is contraindicated in comatose states due to central nervous system depressants (alcohol, barbiturates, narcotics, etc.) and also in patients under the influence of large amounts of barbiturates or narcotics.

SUPPLIED

Tablets, 10 mg., 25 mg., 50 mg. and 100 mg., in bottles of 50, 500 and 5000; 200 mg., for use in mental hospitals, in bottles of 500 and 5000. (Each tablet contains 10 mg., 25 mg., 50 mg., 100 mg., or 200 mg. of chlorpromazine hydrochloride.)

Spansule® capsules, 30 mg., 75 mg., 150 mg. and 200 mg., in bottles of 30, 250 and 1500; also 300 mg., in bottles of 30 and 1500. (Each 'Spansule' capsule contains 30 mg., 75 mg., 150 mg., 200 mg., or 300 mg. of chlorpromazine hydrochloride.)

Ampuls, 1 cc. and 2 cc. (25 mg./cc.), in boxes of 6, 100 and 500. (Each cc. contains, in aqueous solution, 25 mg. of chlorpromazine hydrochloride; 2 mg. of ascorbic acid; 1 mg. of sodium bisulfite; 1 mg. of sodium sulfite; 6 mg. of sodium chloride.)

Multiple-dose Vials, 10 cc. (25 mg./cc.), in boxes of 1, 20 and 100. (Each cc. contains, in aqueous solution, 25 mg. of chlorpromazine hydrochloride; 2 mg. of ascorbic acid; 1 mg. of sodium bisulfite; 1 mg. of sodium sulfite; 1 mg. of sodium chloride; 2% benzyl alcohol as preservative.)

Syrup, 10 mg./teaspoonful (5 cc.), in 4 fl. oz. bottles. (Each 5 cc. contains 10 mg. of chlorpromazine hydrochloride.)

Suppositories, 25 mg. and 100 mg., in boxes of 6. (Each suppository contains 25 mg. or 100 mg. of chlorpromazine; glycerin, glyceryl monopalmitate, glyceryl monostearate, hydrogenated cocoanut oil fatty acids, hydrogenated palm kernel oil fatty acids, lecithin.)

Concentrate (for hospital use), 30 mg./cc., in 4 fl. oz. bottles, in cartons of 12 and 36, and in gallon bottles. (Each cc. contains 30 mg. of chlorpromazine hydrochloride.)

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Thiamine Hydrochloride	10 mg.
Riboflavin	5 mg.
Nicotinamide	100 mg.
Pyridoxine Hydrochloride	5 mg.
Cobalamin (Vitamin B ₁₂)	6 mcg.
Calcium Pantothenate	20 mg.
Ascorbic Acid	200 mg.

Optilets-M

Each Filmtab represents all the vitamins of Optilets plus the following:

Iron (as sulfate)	10 mg.
Copper (as sulfate)	1 mg.
Iodine (as calcium iodate)	0.15 mg.
Cobalt (as sulfate)	0.1 mg.
Manganese (as sulfate)	1 mg.
Magnesium (as oxide)	5 mg.
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Molybdenum (as sodium molybdate)	0.2 mg.


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Vitamin A	3 mg. (10,000 units)
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Thiamine Mononitrate	5 mg.
Riboflavin	5 mg.
Nicotinamide	25 mg.
Pyridoxine Hydrochloride	2 mg.
Cobalamin (Vitamin B ₁₂)	2 mcg.
Calcium Pantothenate	5 mg.
Ascorbic Acid	100 mg.
Iron (as sulfate)	10 mg.
Copper (as sulfate)	1 mg.
Iodine (as calcium iodate)	0.15 mg.
Cobalt (as sulfate)	0.1 mg.
Manganese (as sulfate)	1 mg.
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1. Beck, C. and Necheles, H.: Am. J. Gastroenterology, 35:522, 1961.

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1. Youmans, J. B.: Am. J. Med. 25:659 (Nov.) 1958

cardiac diseases “Who can say, for example, whether the patient chronically ill with myocardial failure may not have a poorer myocardium because of a moderate deficiency in the vitamin B-complex? Something is known of the relationship of vitamin C to the intercellular ground substance and repair of tissues. One may speculate upon the effects of a deficiency of this vitamin, short of scurvy, upon the tissues in chronic disease.”²

2. Kampmeier, R. H.: Am. J. Med. 25:662 (Nov.) 1958.

arthritis “It is our practice to prescribe a multiple vitamin preparation to patients with rheumatoid arthritis simply to insure nutritional adequacy . . .”³

3. Fernandez-Herlihy, L.: Lahey Clinic Bull. 11:12 (July-Sept.) 1958.

digestive diseases Symptoms attributable to B-vitamin deficiency are commonly observed in patients on peptic ulcer diets.⁴ Daily administration of therapeutic vitamins to patients with hepatitis and cirrhosis is recommended by the National Research Council.⁵

4. Sebrell, W. H.: Am. J. Med. 25:673 (Nov.) 1958. 5. Pollack, H., and Halpern, S. L.: Therapeutic Nutrition. National Academy of Sciences and National Research Council, Washington, D. C., 1952, p. 57.

degenerative diseases “Studies by Wexberg, Jolliffe and others have indicated that many of the symptoms attributed in the past to senility or to cerebral arteriosclerosis seem to respond with remarkable speed to the administration of vitamins, particularly niacin and ascorbic acid. These facts indicate that the vitamin reserve of aging persons is lowered, even to the danger point, more than is the case in the average American adult.”⁶

6. Overholser, W., and Fong, T. C. C. In Stieglitz, E. J.: Geriatric Medicine, 3rd edition, J. B. Lippincott, Philadelphia, 1954, p. 264.

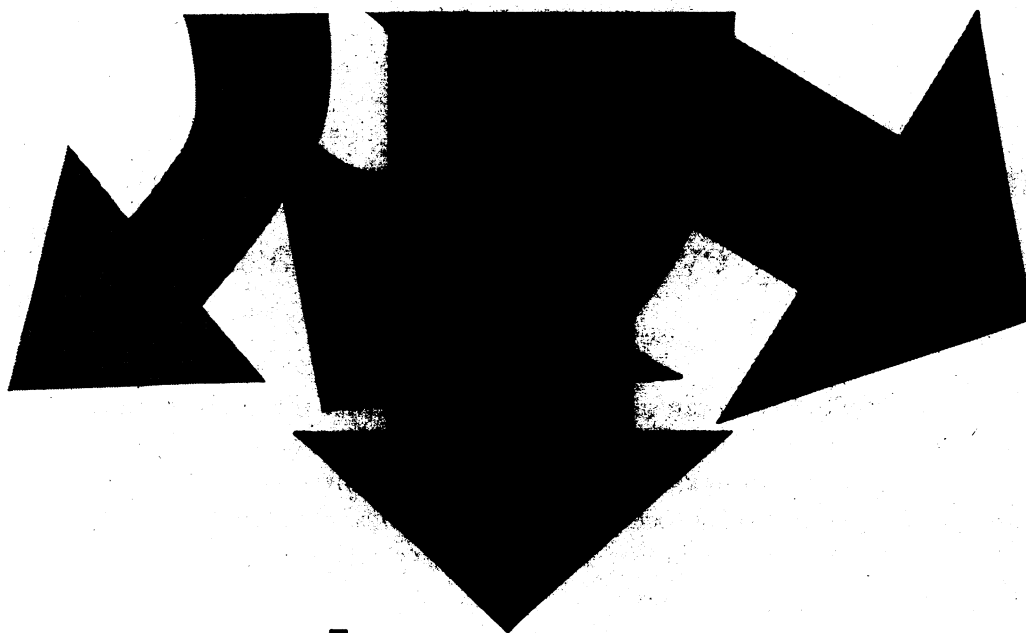
infectious diseases Infections cause a lowering of ascorbic acid levels in the plasma; and the absorption of this vitamin is reduced in diarrheal states.⁷

7. Goldsmith, G. A.: Conference on Vitamin C. The New York Academy of Sciences, New York City, Oct. 7 and 8, 1960. Reported in: Medical Science 8:772 (Dec.10) 1960.

diabetes Diabetics, like all patients on restricted diets, require an extra source of vitamins.⁸ “Rigidly limiting the bread intake of the diabetic patient automatically eliminates a large amount of thiamin from the diet. . . . There is some evidence of interference with normal riboflavin utilization during catabolic episodes.”⁹

8. Duncan, G. G.: Diseases of Metabolism 4th edition W. B. Saunders, Philadelphia, 1959, p. 812. 9. Pollack, H.: Am. J. Med. 25:708 (Nov.) 1958.

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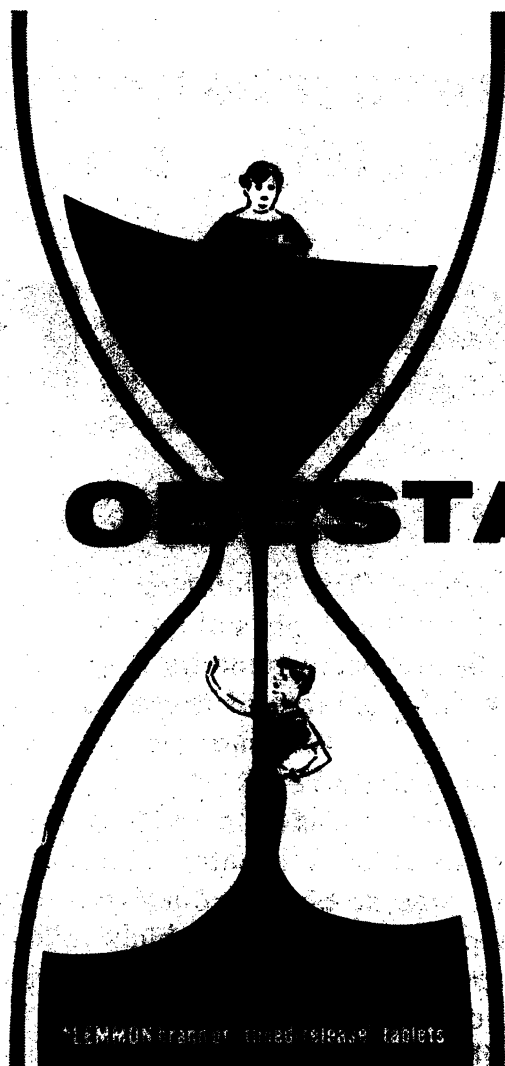
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1. Starr, P.: "Hypothyroidism", in Conn, H. F.; Current Therapy, 1961, Philadelphia, W. B. Saunders, 1961, pp. 343-346.

Literature and clinical sample available on request.

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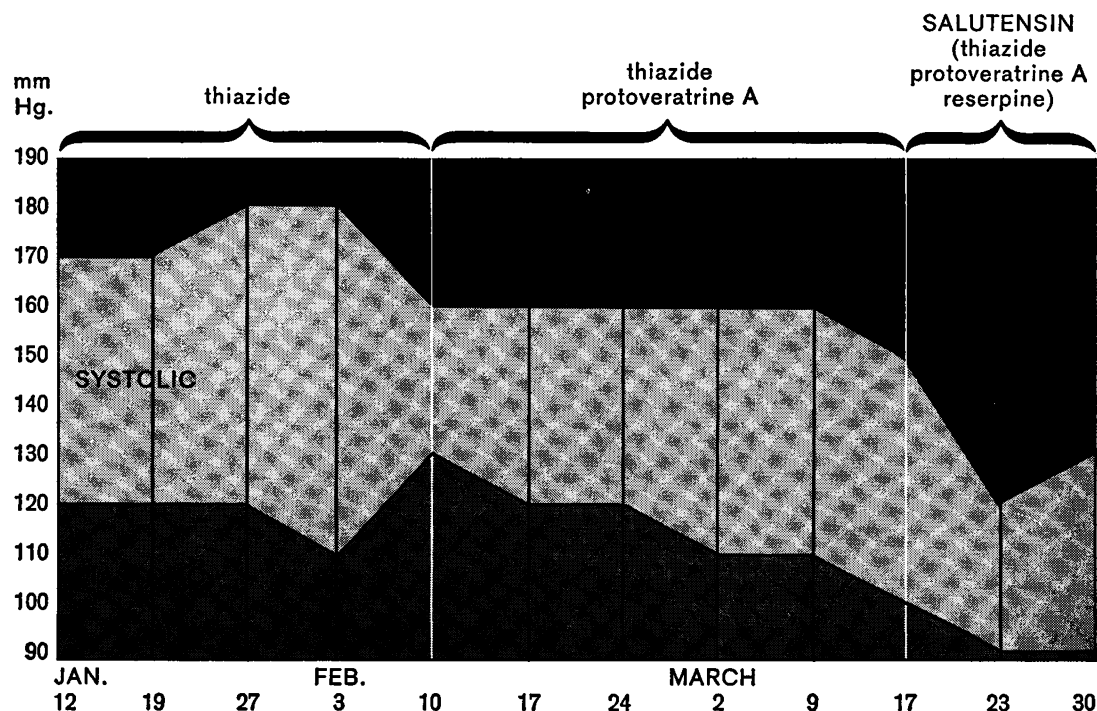
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References: 1. Fries, E. D.: In Hypertension, ed. by J. H. Moyer, Saunders, Phila., 1959 p. 123. 2. Fries, E. D.: South M. J. 51:1281 (Oct.) 1958. 3. Finnerty, F. A. and Buchholz, J. H.: GP 17:95 (Feb.) 1958. 4. Gill, R. J., et al.: Am. Pract. & Digest Treat. 11:1007 (Dec.) 1960. 5. Brest, A. N. and Moyer, J. H.: J. South Carolina M. A. 56:171 (May) 1960. 6. Wilkins R. W.: Postgrad. Med. 26:59 (July) 1959. 7. Gifford, R. W., Jr.: Read at the Hahnemann Symp. on Hypertension, Phila. Dec. 8 to 13, 1958. 8. Fries, E. D., et al.: J. A. M. A. 166:137 (Jan. 11) 1958. 9. Ford, R. V. and Nickell, J.: Ant. Med. & Clin. Ther. 6:461, 1959.

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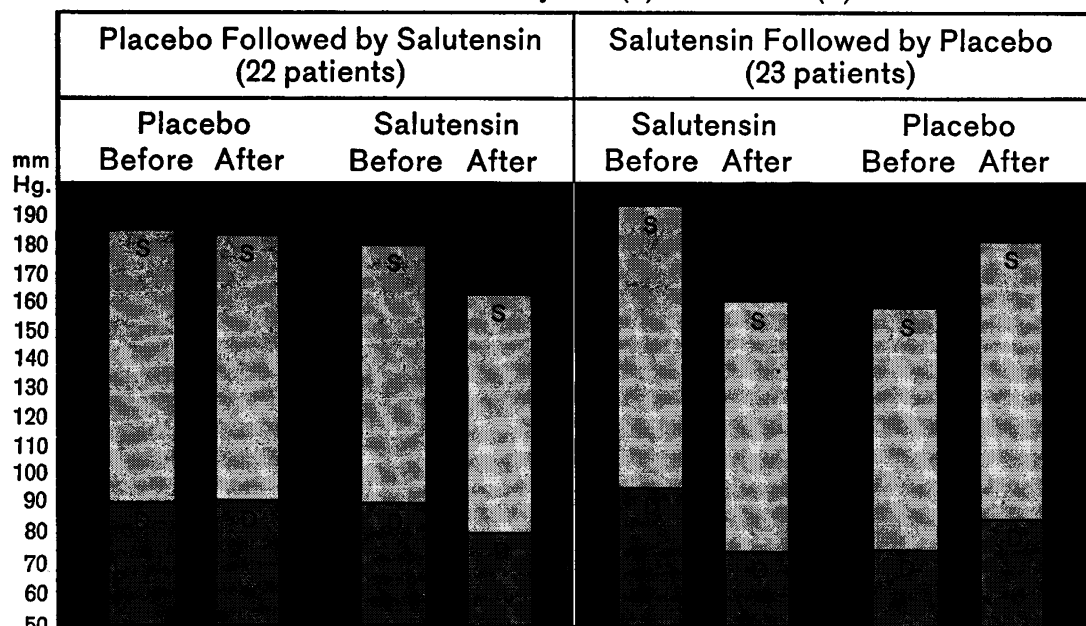
11 WEEKS TO LOWER BLOOD PRESSURE TO DESIRED LEVELS BY SERIAL ADDITION OF THE INGREDIENTS IN SALUTENSIN IN A TEST CASE

(Adapted from Spiotta, E. J.: Report to Department of Clinical Investigation, Bristol Laboratories)



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1. Clark, T. E., and Jochem, G. G.: Angiology 11:361 (Aug.) 1960.

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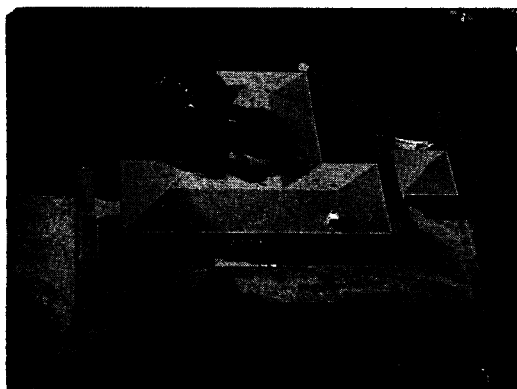
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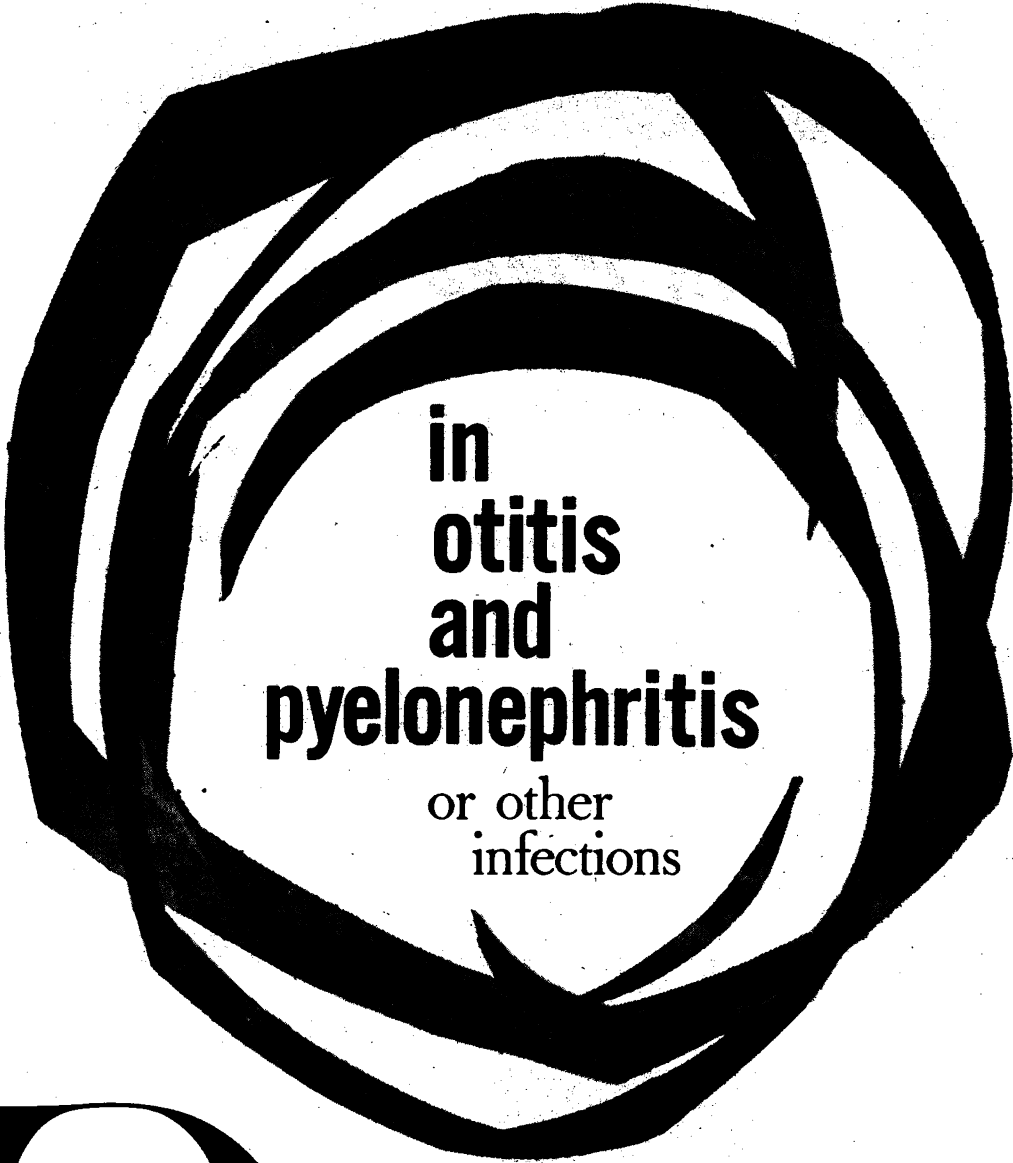
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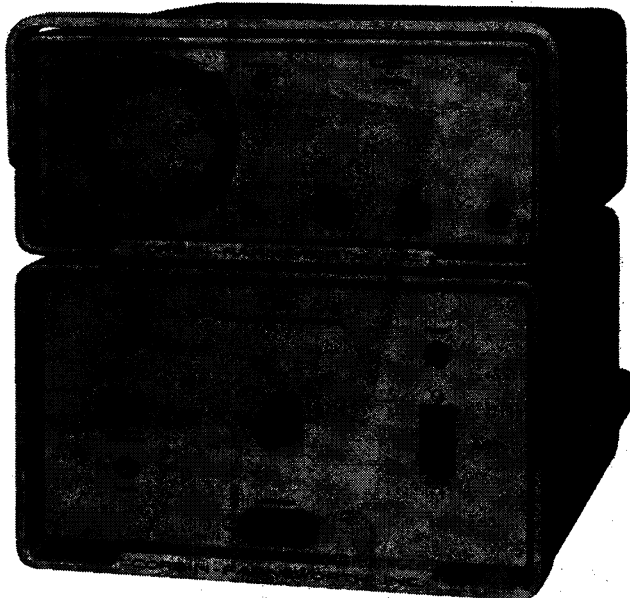
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MADE FOR closed chest resuscitation

CF Morris External Defibrillator

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Compact C-F Scopette for
resuscitation monitoring. Unharmed
by defibrillation voltage.

Morris External Defibrillator with
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Voltage settings of 220 (child),
440 (adult), 1,000 (emergency high).

Safety electrodes with hand-triggered
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*C-F Safety Electrodes with double-insulation disks
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**longer-acting, fewer injections
for fetal salvage with no androgenic effect**

DELALUTIN®

Squibb Hydroxyprogesterone Caproate

Long-acting Progestational Therapy

Delalutin offers these advantages over other progestational agents: Significantly improved rate of fetal salvage¹⁻³ ■ No virilizing effect on female fetus or mother ■ High, sustained hormonal level in the uterine muscle and mucosa⁴ — high enough even to replace an excised corpus luteum⁵ ■ Absence of local tissue reactions³.

— Hydroxyprogesterone Caproate (Delalutin)

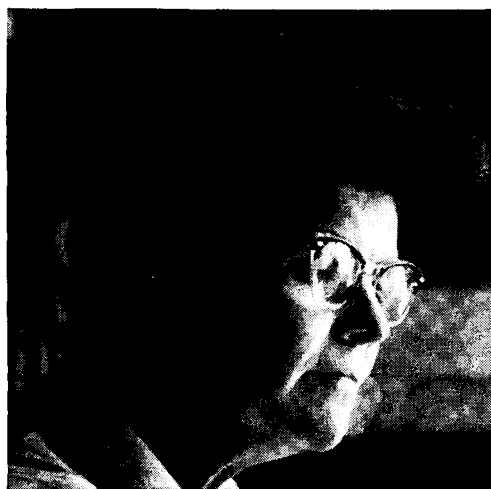
Clauberg Response



Days following injection



from mental confusion to the right frame of mind



continuous, 24-hour cerebral oxygenation for the aging patient. By stimulating respiratory and circulatory function, GERONIAZOL TT* relieves mental confusion, depression, anxiety, and emotional instability—frequent problems in patients after forty—due to presenile changes in the vasculature of the brain. Notable benefit usually is seen within one to three weeks of therapy. It improves appetite, sleep pattern, and outlook—and GERONIAZOL TT* is non-hypertensive, non-excitatory.

Neither a tranquilizer nor a psychic energizer, GERONIAZOL TT* provides a physiologic stimulation of the cerebrum to permit the patient to adjust to his surroundings, become part of life itself again—and *attain the right frame of mind.*

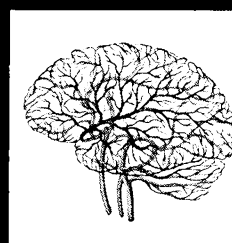
References: 1. Curran, T. R., and Phelps, D. K.: Am. Pract. & Dig. Treat. 11: 617, 1960.
2. Levy, S.: J.A.M.A. 153: 1260, 1953. 3. Connolly, R.: W. Va. Med. J. 56: 263, 1960.

GERONIAZOL® TT*

*TEMPOTROL® (Time Controlled Therapy)



PHILIPS ROXANE, INC. Columbus 16, Ohio



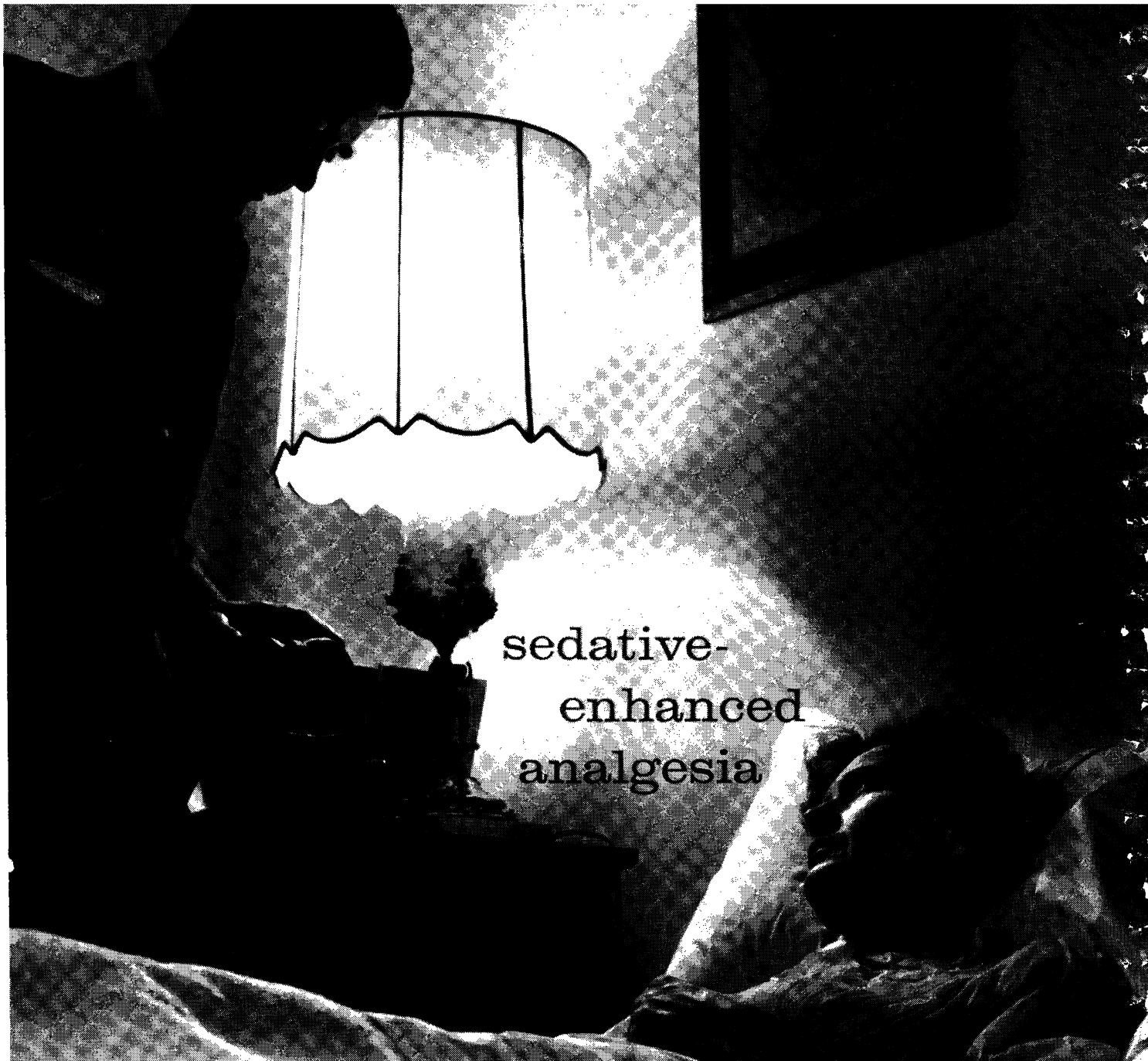
Each TEMPOTROL contains:
Pentylentetrazol, 300 mg.; and
Nicotinic Acid, 150 mg.

Indications: Respiratory and circulatory stimulant for the aged and debilitated with symptoms of mental confusion, depression, anxiety or arteriosclerotic psychosis.

Contraindications: None known in recommended dosage.

Dosage: One GERONIAZOL TT* tablet, b. i. d.

Supplied: Bottles of 42 tablets (3 weeks' treatment).



sedative-
enhanced
analgesia

PHENAPHEN[®]

- More satisfactory than "the usual analgesic compounds" for relieving pain and anxiety.¹
- More effective than a standard A.P.C. preparation for relief of moderate to severe pain.²

Each PHENAPHEN capsule contains:

Acetylsalicylic acid (2½ gr.) 162 mg.
Phenacetin (3 gr.) 194 mg.
Phenobarbital (¼ gr.) 16.2 mg.
Hyoscyamine sulfate 0.031 mg.

Also available:

PHENAPHEN with CODEINE PHOSPHATE
¼ GR. (16.2 mg.) Phenaphen No. 2
PHENAPHEN with CODEINE PHOSPHATE
½ GR. (32.4 mg.) Phenaphen No. 3
PHENAPHEN with CODEINE PHOSPHATE
1 GR. (64.8 mg.) Phenaphen No. 4

1. Meyers, G. B.: Ind. Med. & Surg. 26:3, 1957. 2. Murray, R. J.: N. Y. St. J. Med. 53:1867, 1953.

Bottles of 100 and 500 capsules.

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Making today's medicines with integrity... seeking tomorrow's with persistence.

*You and your patients
should read
the story beginning on page 69—
December, Reader's Digest.
It deals tersely and thoughtfully
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raised in the investigation of
the prescription drug
industry.*

*This message is brought to you on behalf
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Pharmaceutical Manufacturers Association
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NEW...made from 100% corn oil

UNSALTED MARGARINE

FOR HYPERTENSIVE PATIENTS

- * contains only 10 mgs. of sodium per 100 grams
- * contains 50% liquid corn oil and 50% partially hydrogenated corn oil
- * has 30% linoleic acid—10 times that of butter

Because of the relationship of high-sodium intake to elevated blood pressure, new Fleischmann's Unsalted Corn Oil Margarine will prove to be a valuable addition to the dietary regimen of your hypertensive patients. It contains only 10 mgs. of sodium per 100 grams.

Fleischmann's Unsalted Margarine is made from 100% corn oil and contains both liquid corn oil and partially hydrogenated corn oil. Its linoleic acid content of 30% is three times higher than the 10% of regular margarines and ten times higher than the 3% of butter. This is the *only* unsalted margarine made from 100% corn oil.

The substitution of Fleischmann's Unsalted Corn Oil Margarine for butter or

ordinary margarines in your hypertensive patients' dietary regimen has the added advantage of increasing their intake of high polyunsaturates . . . important because of their association with hypertension and atherosclerosis.

If your hypertensive patient needs sodium restriction, recommend Fleischmann's Unsalted. It has a light, delicate taste that he'll like. Tell him that it is available in his grocer's frozen food case.

Write now for physician booklet of 5 coupons—each coupon redeemable by your patient for 1 lb. of Fleischmann's Unsalted Margarine. Address Fleischmann's Unsalted Margarine, 625 Madison Avenue, N. Y. 22, N. Y. *Distribution presently limited in some areas.*

In line with the suggestion of the American Heart Association to manufacturers, we are listing the fatty acid composition of Fleischmann's Unsalted (Sweet) Margarine:

Unsaturated Fatty Acids:	
Polyunsaturates	30%
Monounsaturates	50%
Saturated Fatty Acids	20%
	100%

Fleischmann's

Fresh-Frozen in the green foil package
in your grocer's frozen food case

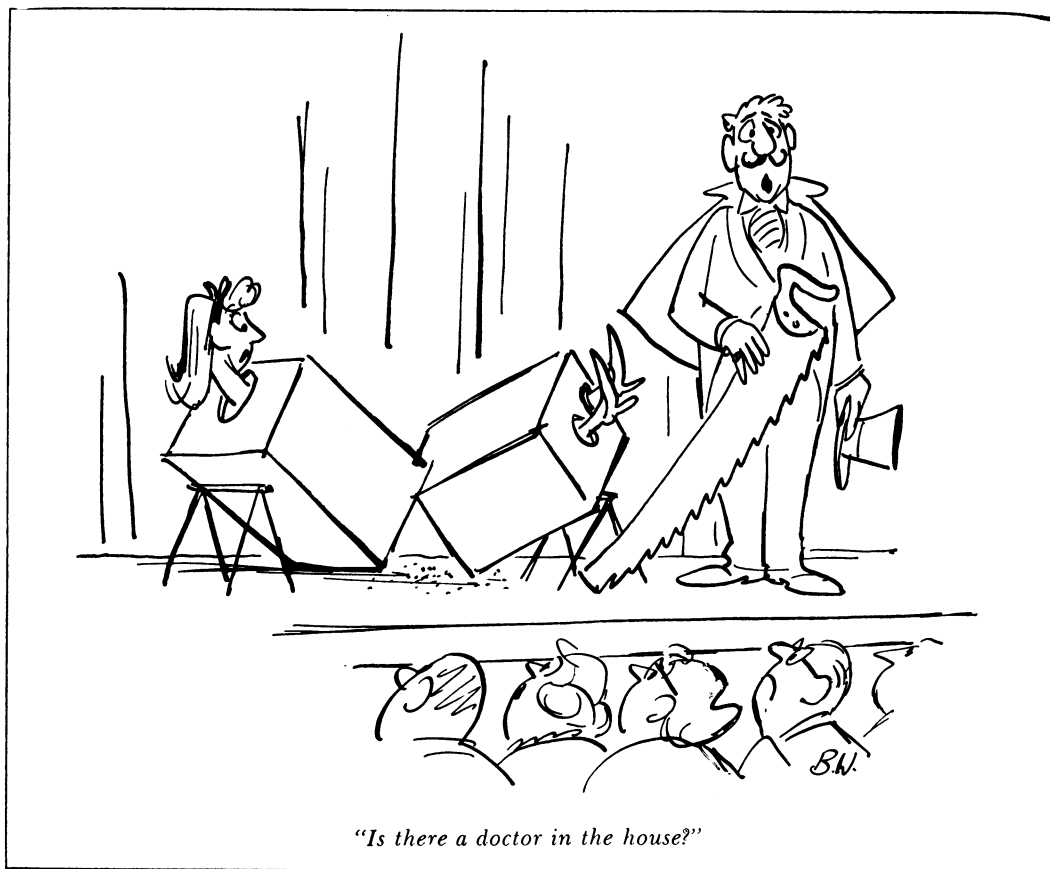


AVERAGE DAILY INTAKE

Two Ounces or Eight Pats of Fleischmann's
Corn Oil Margarine Will Supply

Corn Oil—Liquid	22.7 Gm.
Corn Oil—Partially Hydrogenated	22.7 Gm.
Iodine Value	90-95
Sodium (dietetically sodium-free)	6 Mgs.
Linoleic Acid	13.6 Gm.
Vitamin A (Adult's Need)	47%
Vitamin A (Child's Need)	62%
Vitamin D (Adult's and Child's Need)	62%

**ONLY UNSALTED MARGARINE
MADE FROM 100% CORN OIL**



When pain strikes your patients...
prescribe **Trancoprin®**

How Trancoprin relieves pain: Because most pain is accompanied by muscle spasm and tension, good medical practice suggests use of an analgesic that will relax skeletal muscles as well as dim pain perception. Such an analgesic is Trancoprin — a combination of aspirin and Trancopal®, a proved, safe, skeletal muscle relaxant and tranquilizer. Trancoprin can be prescribed for any pain, except pain of such severity that a narcotic is needed.

Dosage: Adults, 2 tablets three or four times daily; children (5 to 12 years), 1 tablet three or four times daily. Each tablet contains 300 mg. of aspirin and 50 mg. of Trancopal (brand of chlormezanone). Bottles of 100 tablets.

Before prescribing be sure to consult Winthrop's literature for additional information about dosage, possible side effects and contraindications.

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WANTED: GENERALISTS AND SPECIALISTS. California licensed for clinics, associations and partnerships. We cover all areas of the State. Hospital facilities and housing checked for you. Information gladly. **CONTINENTAL-PACIFIC COAST MEDICAL BUREAU,** Agency, 430 North Camden Drive, Beverly Hills, California.

GENERAL PRACTITIONER WANTED: Between the ages of 35 and 50 for student health work in a state college in Southern California. Hours from 8:00 a.m. to 5:00 p.m., five days a week, on a twelve-months basis. Accumulated sick leave and annual leave; retirement benefits. No outside or emergency calls. Box No. 96,130, California Medicine.

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SOUTHERN CALIFORNIA PLANT of major manufacturing corporation seeks associate to Board-certified Medical Director. Would be responsible for 1,600 employees on second shift. Modern in-plant medical department with excellent, convenient outside hospital facilities and consultants. Basic work week 40 hours, Monday through Friday, California license required. Industrial medical experience preferred. Box No. 96,165, California Medicine.

GROWING GROUP PRACTICE in Southern California urgently needs General Practitioner, age 35-40, with some post-graduate or private practice experience. Salary first year, then partnership. Call Mr. Teeple, SP 2-2851, or write 4193 West Redondo Beach Blvd., Lawndale, California.

PEDIATRICIAN WANTED to take over well-established large practice in large clinic group, high income, partnership available, choice beach community of Los Angeles area. Excellent recreational and living facilities. Three accredited hospitals within five minutes of the clinic. Detailed information available. Box No. 96,145, California Medicine.

GENERAL PRACTITIONERS AND SPECIALISTS—See us for the many **EXCEPTIONAL OPPORTUNITIES** available in San Francisco, East Bay, Peninsula and throughout California, including associations and partnerships with established groups and individual physicians. For further information please contact Norma Rohl, **THE MEDICAL CENTER AGENCY,** Flood Building, Suite 412-414, 870 Market Street, San Francisco 2. CALL YUKon 2-5412.

A.M.A. APPROVED — GENERAL PRACTICE RESIDENCY. 400-bed County Hospital in community offering pleasant living within 2-hour drive of San Francisco Bay area. Teaching staff includes 37 Board or Board-eligible physicians. Adequate stipend. California license or eligibility required. Contact Medical Director, Stanislaus County Hospital, 830 Scenic Drive, Modesto, California.

NEVADA: SENIOR PSYCHIATRIST—Salary: Range A, up to \$15,408, requires graduation from approved medical school plus five years psychiatric experience or completion of residency approved by A.M.A.; Range B, up to \$16,980 requirement same as Range A, plus board certification by A.B.P.N. Vacancies exist at the State Hospital located in a suburb of Reno and in the community Health Program in Reno. This is an excellent opportunity to become associated with a revolutionary and progressive mental health program with a great deal of community awareness and acceptance. These programs are supported by generous funds made available and supported by the legislature and an enlightened progressive Governor. Positions are situated in the center of recreational and cultural areas, including the State University, and only one hour via air from San Francisco and other nearby metropolitan areas. Apply: State Personnel Director, Carson City, Nevada.

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ASSISTANT IN GENERAL PRACTICE—Office work preferred, small salary to cover expenses; elderly but quite robust and active, good personality. Priorly registered in California; F.A.C.S.; inactive last two years. Uninterested in partnership or takeover, objective is to be employed. F. W., #506, 1001 North Yakima Avenue, Tacoma 3, Washington.

BOARD ELIGIBLE INTERNIST—Seeks association, group or potential partnership in Bay area. Available January 15, 1962. Box No. 96,155, California Medicine.

REGISTERED NURSE—Office experience, light laboratory, venipuncture. References. Telephone: ORdway 3-0868, Ext. 301, San Francisco.

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of the

CALIFORNIA MEDICAL ASSOCIATION

The C.M.A. offers free placement assistance through the Physician Placement Service, 693 Sutter Street, San Francisco 2, California. This service is for the use of all physicians seeking practice opportunities in California and for C.M.A. members who are seeking an assistant or associate. A monthly bulletin is published.

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MODERN TWO-STORY, TEN-SUITE MEDICAL BUILDING. Automatic elevator. Completion date, January 31, 1962. Location: Costa Mesa, California; population 60,000, rapid growth. College, High School, beaches, hospital 2-4 minutes away. Specialists desired: OB-Gyn, Pediatrician, Urologists, Dermatologist. Write Paul F. Dishner, M.D., 460 Fair Drive, Costa Mesa.

FRESNO MEDICAL CENTER—For lease, front suite in new, modern 7-unit medical center. Fresno's most desirable location—directly across from Fresno Community Hospital. Refrigeration, central heat, built-in cabinets. Eight large rooms: consultation, reception, business office, laboratory, and four treatment rooms. Contact Ralph Ermoian, D.D.S., 1259 'R' Street, Fresno 21, California. Telephone: ADams 8-8398.

ESTABLISHED INTERNIST in rapidly growing East Bay city of 45,000 plans to build offices adjacent to new 99-bed community hospital. Has room for another Internist who can share same suite and lab, or who wishes own suite. Box No. 96,150, California Medicine.

TRACT AREA—Outskirts of San Leandro needs G.P. for 20,000 population. Well-established dentist will share building and assist in starting practice. Henry Rosen, D.D.S., 1003 Manor Blvd., San Leandro—ELgin 1-2440.

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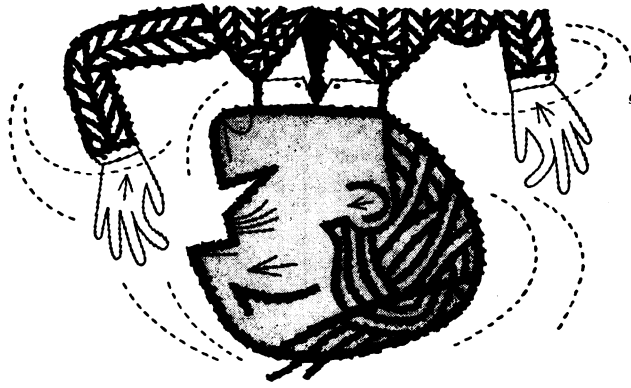
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Check one: ☐ Please include my name and address in ad
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vertigo is reversible



***Antivert*[®] stops vertigo**

**moderate to complete
relief of symptoms
in 9 out of 10 patients¹**

Prescribe one ANTIVERT tablet (or 1-2 teaspoonfuls ANTIVERT syrup) 3 times daily, before each meal, for prompt relief of vertigo, Meniere's syndrome and allied disorders. Side effects are short-lived, usually only harmless flushing and tingling associated with vasodilation. As with all vasodilators, ANTIVERT is contraindicated in severe hypotension and hemorrhage.

Supplied: Small blue-and-white scored tablets (meclizine HCl 12.5 mg. and nicotinic acid 50 mg.) in bottles of 100. Syrup (each 5 cc. teaspoonful contains meclizine HCl 6.25 mg. and nicotinic acid 25 mg.) in pint bottles. Prescription only. Bibliography available on request.

Reference: 1. Scal, J. C.: Eye Ear Nose & Throat Month. **38**:738 (Sept.) 1959.



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Science for the World's Well-Being[®]

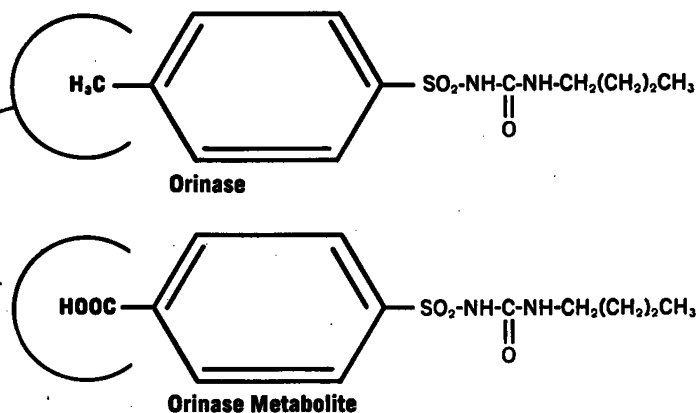
Why is the methyl "governor" Orinase so important?

One of the most significant clinical benefits of Orinase therapy is the rarity of associated hypoglycemia.

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As a result of the oxidation of its methyl group, Orinase shows a decline in activity soon after it reaches its effective peak in the plasma. Maintenance dosage serves to reduce blood sugar levels to normal, but rarely below that point, and there is no reported problem of accumulation.

oxidation



Orinase*

An exclusive methyl "governor" minimizes hypoglycemia

Indications and effects: The clinical indication for Orinase is stable diabetes mellitus. Its use brings about the lowering of blood sugar; glycosuria diminishes, and such symptoms as pruritus, polyuria, and polyphagia disappear.

Dosage: There is no fixed regimen for initiating Orinase therapy. A simple and effective method is as follows: *first day*—6 tablets; *second day*—4 tablets; *third day*—2 tablets. The daily dose is then adjusted—raised, lowered or maintained at the two-tablet level, whichever is necessary to maintain optimum control.

Patients receiving insulin (less than 20 units)—discontinue insulin and institute Orinase; (20 to 40 units)—initiate Orinase with a concurrent 30 to 50% reduction in insulin dose with a further careful reduction as response to Orinase is observed; (more than 40 units)—reduce insulin by 20% and initiate Orinase with a further careful reduction in insulin dosage as response to Orinase is observed. In candidates for combined Orinase-insulin therapy, an individualized schedule is usually obtainable during a trial course of two or more weeks.

Contraindications and side effects: Orinase is contraindicated in patients having juvenile or growth-onset, unstable or brittle types of diabetes mellitus; history of diabetic coma, fever, severe trauma or gastroenteritis.

Side effects are mild, transient and limited to approximately 3% of patients. Hypoglycemia and toxic reactions are extremely rare. Hypoglycemia is most likely to occur during the period of transition from insulin to Orinase. Other untoward

reactions to Orinase are usually not of a serious nature and consist principally of gastrointestinal disturbances, headache, and variable allergic skin manifestations. The gastrointestinal disturbances (nausea, epigastric fullness, heartburn) and headache appear to be related to the size of the dose, and they frequently disappear when dosage is reduced to maintenance levels or the total daily dose is administered in divided portions after meals. The allergic skin manifestations (pruritus, erythema, and urticarial, morbilliform, or maculopapular eruptions) are transient reactions, which frequently disappear with continued drug administration. However, if the skin reactions persist, Orinase should be discontinued.

Clinical toxicity: Orinase appears to be remarkably free from gross clinical toxicity on the basis of experience accumulated during more than four years of clinical use. Crystalluria or other untoward effects on renal function have not been observed. Long-term studies of hepatic function in humans and experience in over 650,000 diabetics have shown Orinase to be remarkably free of hepatic toxicity. There has been reported only one case of cholestatic jaundice related to Orinase administration, which occurred in a patient with pre-existing liver disease and which rapidly reversed upon discontinuance of the drug.

Each tablet contains: Tolbutamide 0.5 Gm.
Supplied: In bottles of 50 and 200.

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June, 1961

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—commend that fresh tubing be used
—each PERIDIAL® infusion in peri-
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—minimize the risk of peritonitis. It would
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—This procedure is not recommended.
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—the threat of peritonitis is largely de-
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tubing for each exchange of fluids. In
renal emergencies, small economies could
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PERIDIAL and the especially designed
administration sets are carefully engi-
neered in all of their details to furnish
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*Maxwell, M.H., *et al.*: JAMA 170:917
(June 20) 1959.

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